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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000037134

1. Corporation Name
JOHNSTON & JOHNSTON, INC.



Principal Place of Business 40 REGIS CIRCLE PALM HARBOR FL 34683	Mailing Address 40 REGIS CIRCLE PALM HARBOR FL 34683
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>3121 S. Canal Dr.</u>		2a. Mailing Address 26 <u>3121 S. Canal Dr.</u>		3. Date Incorporated or Qualified 04/25/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3376553	
23 City & State <u>Palm Harbor FL</u>		28 City & State <u>Palm Harbor FL</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip <u>34684</u> Country <u>USA</u>		29 Zip <u>34684</u> Country <u>USA</u>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORSINI, GAIL
 1703 BERMUDA COURT
 SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name <u>Gail Johnston</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>3121 South Canal Dr.</u>
83
84 City <u>Palm Harbor</u> FL 85 Zip Code <u>34684</u>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Gail Johnston DATE 3/15/99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PVST	NAME CORSINI, GAIL	<input type="checkbox"/> DELETE
STREET ADDRESS 1703 BERMUDA COURT	CITY-ST-ZIP SAFETY HARBOR FL 34695	
TITLE D	NAME CORSINI, GAIL	<input type="checkbox"/> DELETE
STREET ADDRESS 1703 BERMUDA COURT	CITY-ST-ZIP SAFETY HARBOR FL 34695	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	
2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail Johnston DATE 3/15/99 DAYTIME PHONE # (272) 785-7653
Signature and typed or printed name of signing officer or director

CR2E034 (1/98)