

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V07979 (0)**

1. Corporation Name
SANDRA W. JOHNSON, P.A.



Principal Place of Business		Mailing Address	
963 E. FORSYTH ST. JACKSONVILLE FL 32202 46 2263 St. Johns Avenue, Suite 1 Jacksonville, Florida 32204		2244 FORBES STREET same JACKSONVILLE FL 32204	
2. Principal Place of Business	21. 2263 St. Johns Ave.	2a. Mailing Address	26. 2263 St. Johns Ave.
22. Suite 1	27. Suite 1	23. Jacksonville, FL	28. Jacksonville, FL
24. 32204	25. Duval	29. 32204	30. Duval

3. Date Incorporated or Qualified 01/21/1992	3a. Date of Last Report 03/03/1995
4. FFI Number 59-3101273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHNSON, SANDRA W.
2244 FORBES STREET
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	2263 St. Johns Avenue
83. City & State	Suite 1
84. City	Jacksonville FL
85. Zip Code	32204

11. Pursuant to the provisions of Sections 607.01(2)(a) and 607.01(2)(b), 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, thereby accept the appointment as registered agent. I am hereby waiving and accept the obligations of Section 607.01(2)(b), Florida Statutes.

SIGNATURE: *Sandra W. Johnson*, Sandra W. Johnson, Director **2/12/96**

12. OFFICERS AND DIRECTORS

1. NAME	D JOHNSON, SANDRA W.	<input type="checkbox"/> DELETE
2. STREET ADDRESS	2244 FORBES STREET	
3. CITY & STATE	JACKSONVILLE FL	
4. ZIP CODE		<input type="checkbox"/> DELETE
5. NAME		
6. STREET ADDRESS		<input type="checkbox"/> DELETE
7. CITY & STATE		
8. ZIP CODE		<input type="checkbox"/> DELETE
9. NAME		
10. STREET ADDRESS		<input type="checkbox"/> DELETE
11. CITY & STATE		
12. ZIP CODE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	Johnson, Sandra W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	2263 St. Johns Ave, Suite 1	
3. CITY & STATE	Jacksonville, FL	
4. ZIP CODE	32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
6. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. CITY & STATE		
8. ZIP CODE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		
10. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. CITY & STATE		
12. ZIP CODE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee, or trustee-in-possession, 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.

SIGNATURE: *Sandra W. Johnson* **2/12/96** **904-355-1650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)