

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000047646

**Entity Name:** JOHNSON PRODUCE CO., INC.

**Current Principal Place of Business:**

1255 WEST ATLANTIC BLVD.  
OFFICE #218  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

P.O. BOX 1123  
POMPANO BEACH, FL 33061

**FEI Number:** 65-0422780

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JOHNSON, CLAIRE B  
1255 W. ATLANTIC BOULEVARD  
SUITE #218  
POMPANO BEACH , FL 33069 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name JOHNSON, JOHN W. JR.  
Address 170 N.E. 2ND STREET  
#1870  
City-State-Zip: BOCA RATON FL 33429

Title D  
Name JOHNSON, CLAIRE B  
Address 170 N.E. 2ND STREET  
#1870  
City-State-Zip: BOCA RATON FL 33429

Title V  
Name JOHNSON, III, JOHN W  
Address 2701 NW 26TH AVE  
City-State-Zip: BOCA RATON FL 33434

Title V  
Name JOHNSON, GLENN  
Address 617 SW 5TH STREET  
City-State-Zip: BOCA RATON FL 33486

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLAIRE B. JOHNSON

**SECRETARY /  
TREASURER**

**01/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date