

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003150

Entity Name: JJINS INSURANCE SERVICES, INC

Current Principal Place of Business:

ATRIUM PROFESSIONAL CENTER
780 S APOLLO BLVD #104
MELBOURNE, FL 32901

Current Mailing Address:

ATRIUM PROFESSIONAL CENTER
780 S APOLLO BLVD #104
MELBOURNE, FL 32901

FEI Number: 57-0189850

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE SUITE A
TALLAHASSEE, FL 32301 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 PRESIDENT, DIRECTOR
Name JOHNSON, FRANCIS
Address 2402 GOLDBURG AVE
City-State-Zip: SULLIVAN'S ISLAND SC 29482

Title COO, VP, DIRECTOR
Name JOHNSON, HARRY LII
Address 39 ISLE OF HOPE
City-State-Zip: MT PLEASANT SC 29464

Title CMO, DIRECTOR
Name BURROUS, PETER
Address 602 NOBLE LANE
City-State-Zip: MT PLEASANT SC 29464

Title CFO, DIRECTOR
Name CRAIG, STEVEN
Address 20 COLONIAL ST
City-State-Zip: CHARLESTON SC 29401

Title TREASURER, SECRETARY,
DIRECTOR
Name ZANIN, FRANK
Address 24 GADSEN ST
City-State-Zip: CHARLESTON SC 29401

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: FRANK ZANIN

PRESIDENT

03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date