

**2019 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: FRANCIS G. JOHNSON**

**PRESIDENT**

**04/17/2019**

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

\_\_\_\_\_  
Date