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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:27

DOCUMENT # 649744 (0)

1. Corporation Name

ROBERT M. JOHNSON INSURANCE AGENCY, INC.

Principal Place of Business

325 E OCEAN BLVD
P.O. BOX 376
STUART FL 34994-2220

Mailing Address

325 E OCEAN BLVD
P.O. BOX 376
STUART FL 34994-2220

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1980

3a. Date of Last Report

03/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

23

27 City & State

28

23 Zip

Country

24

28 Zip

Country

29

30

4. FEI Number

59-1997347

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT M
325 E OCEAN BLVD
STUART FL 34994

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JOHNSON, ROBERT M
STREET ADDRESS 325 E OCEAN BLVD
CITY- ST- ZIP STUART FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

SIGNATURE:

Robert M. Johnson

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)