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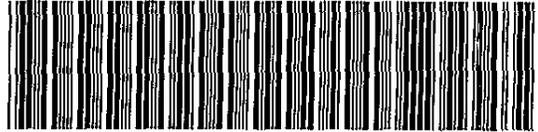
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crossroads Insurance Agency, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for Corporation and fee are submitted for filing.
Please return all correspondence concerning this to the following:

John H. Jones
(Name of Person)

(Name of Firm/Company)

PO Box 2340
(Address)

Gainesville FL 32602
(City/State and Zip Code)

For further information concerning this matter, please contact:

John H. Jones at (_____) 373-0936
(Name of Person) (Area Code) (Telephone Number & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.051, 607.052(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, John Jones

hereby resigns as Registered Agent for Johns Trust Company, Inc.

(Document Number, if known)

A copy of this resignation was mailed to the a _____ corporation at its last known address.

The agency is terminated and the office discor _____ on the 31st day after the date on which
this statement is filed.

John Jones _____
(Signature of Registered Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administrative dissolution/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 1314
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA