

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L43722** (2)
1. Corporation Name
JOHNSON INSURANCE INCORPORATED



Principal Place of Business 401 JOHNSON LANE STE 102 VENICE FL 34292 US	Mailing Address 401 JOHNSON LANE STE 102 VENICE FL 34292 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 401 Johnson Lane Suite, Apt. #, etc. 22 Suite 103 City & State 23 Venice, FL Zip 24 34292		2a. Mailing Address 26 401 Johnson Lane Suite, Apt. #, etc. 27 Suite 103 City & State 28 Venice, FL Zip 29 34292		3. Date Incorporated or Qualified 01/16/1990	
Country 25 USA		Country 30 USA		4. FEI Number 65-0178728 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON, CHRISTOPHER 401 JOHNSON LANE STE 102 VENICE FL 34292				10. Name and Address of New Registered Agent 81 Name Christopher JOHNSON 82 Street Address (P.O. Box Number is Not Acceptable) 401 Johnson Lane 83 Suite 103 84 City Venice FL 85 Zip Code 34292			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, CHRISTOPHER			1.2 NAME	JOHNSON, Christopher		
STREET ADDRESS	401 JOHNSON LN, #102			1.3 STREET ADDRESS	401 Johnson Lane, Suite 103		
CITY-ST-ZIP	VENICE FL			1.4 CITY-ST-ZIP	Venice, FL 34292		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	JOHNSON, Linda K.		
STREET ADDRESS				2.3 STREET ADDRESS	401 Bayshore Drive		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Venice, FL 34285		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chris I Johnson **Chris I Johnson** 4/8/98 941-488-7495

CP2E034 (10/97)