APR-30-02 TUE 10:38 AM

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90448 035 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052489

1. Entity Name
ROBERT JOHNSON INSURANCE INC

Principal Place of Business
2043 HAWKCREST DRIVE EAST
JACKSONVILLE, FL 32259

Mailing Address
2043 HAWKCREST DRIVE EAST
JACKSONVILLE, FL 32259

2. Principal Place of Business
SAME
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3649775
Applied For
Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROBERT C JOHNSON
2043 HAWKCREST DRIVE EAST
JACKSONVILLE, FL 32259

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) X

FILE NOW IF FEE IS $150.00
After May 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ROBERT C JOHNSON
STREET ADDRESS	2043 HAWKCREST DRIVE EAST
CITY - ST - ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robt C Johnson ROBERT C JOHNSON 904-471-4706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)