

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050738

FILED  
Mar 13, 2012  
Secretary of State

Entity Name: JOHNSTON INSURANCE GROUP, INC.

**Current Principal Place of Business:**

5 WINDING RIDGE RD  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 180609  
CASSELBERRY, FL 327180609 US

**New Mailing Address:**

FEI Number: 26-2655745      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSTON, JOHN C IV  
5 WINDING RIDGE RD  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JOHNSTON, JOHN C III  
Address: PO BOX 180609  
City-St-Zip: CASSELBERRY, FL 327180609 US

Title: VP  
Name: JOHNSTON, JOHN C IV  
Address: PO BOX 180609  
City-St-Zip: CASSELBERRY, FL 327180609 US

Title: S  
Name: JOHNSTON, LINDA L  
Address: PO BOX 180609  
City-St-Zip: CASSELBERRY, FL 327180609 US

Title: T  
Name: JOHNSTON, LINDA L  
Address: PO BOX 180609  
City-St-Zip: CASSELBERRY, FL 327180609 US

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: JOHN JOHNSTON

P

03/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date