

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000090484

**Entity Name:** JOHNSON CROP INSURANCE, INC.

**Current Principal Place of Business:**

3696 BETHEL CHURCH RD  
GRACEVILLE, FL 32440

**Current Mailing Address:**

3696 BETHEL CHURCH RD  
GRACEVILLE, FL 32440

**FEI Number:** 54-2153984

**Certificate of Status Desired:** No

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

BUSINESS SERVICES AND SOLUTIONS  
1450 E SUMMERLIN ST  
BARTOW, FL 33830 US

*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

**Officer/Director Detail :**

Title DP  
Name JOHNSON, L T JR  
Address 3696 BETHEL CHURCH RD  
City-State-Zip: GRACEVILLE FL 32440

Title DVPS  
Name JOHNSON, MARY I  
Address 3696 BETHEL CHURCH RD  
City-State-Zip: GRACEVILLE FL 32440

*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:** L T JOHNSON JR

**PRESIDENT**

**01/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date