

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H28775

Entity Name: 4616 CORPORATION

FILED  
Jan 18, 2011  
Secretary of State

**Current Principal Place of Business:**

4700 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4700 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32216

**New Mailing Address:**

4700 SOUTHSIDE BLVD.  
P O BOX 19026F  
JACKSONVILLE, FL 32216

FEI Number: 59-2460967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HELMICK, JOHN P., JR.  
4700 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32216 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: DPS  
Name: HELMICK, JOHN P., JR.  
Address: 4700 SOUTHSIDE BLVD.  
City-St-Zip: JACKSONVILLE, FL

Title: V  
Name: HELMICK, CLAUDETTE B.  
Address: 4700 SOUTHSIDE BLVD.  
City-St-Zip: JACKSONVILLE, FL

Title: AS  
Name: HELMICK, MARC A.  
Address: 4700 SOUTHSIDE BLVD.  
City-St-Zip: JACKSONVILLE, FL

Title: AS  
Name: THOMAS LOVE  
Address: 4700 SOUTHSIDE BLVD.  
City-St-Zip: JACKSONVILLE, FL

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: THOMAS LOVE

AS

01/18/2011

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

\_\_\_\_\_ Date