

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81929

FILED  
Feb 15, 2012  
Secretary of State

**Entity Name:** CLAUDE NOLAN STERLING, INC.

**Current Principal Place of Business:**

% JOHN P. HELMICK JR  
4700 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

% JOHN P. HELMICK JR  
4700 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-2819237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

Title: AS  
Name: HELMICK, MARC A.  
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

02/15/2012

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

\_\_\_\_\_ Date