

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007155

Entity Name: JACK THE BIKE MAN, INC.**Current Principal Place of Business:**2406 FLORIDA AVENUE
WEST PALM BEACH, FL 33401**Current Mailing Address:**P.O.BOX 17565
WEST PALM BEACH, FL 33416**FEI Number:** 26-0579626**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DR., STE. 1100
WEST PALM BEACH, FL 33401 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	E D
Name	HAIRSTON, SAMUEL HENRY III
Address	P O BOX 17565
City-State-Zip:	WEST PALM BEACH FL 33416

Title	P
Name	RISIUS, WAYNE
Address	P.O.BOX 17565
City-State-Zip:	WEST PALM BEACH FL 33416

Title	VP
Name	LOUIS, LARA A VP
Address	P.O.BOX 17565
City-State-Zip:	WEST PALM BEACH FL 33416

Title	S/T
Name	GARCIA, MARIANO
Address	P O BOX 17565
City-State-Zip:	WEST PALM BEACH FL 33416

Title	BOD
Name	CLINTON, CHRIS A.
Address	P.O.BOX 17565
City-State-Zip:	WEST PALM BEACH FL 33416

Title	BOD
Name	GRYGLAS, PAUL
Address	P O BOX 17565
City-State-Zip:	WEST PALM BEACH FL 33416

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL HENRY HAIRSTON III**EXECUTIVE DIRECTOR****03/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date