

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20049

Entity Name: SCENIC JACKSONVILLE, INC.**Current Principal Place of Business:**ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202**Current Mailing Address:**SCENIC JACKSONVILLE, INC.
P.O. BOX 380046
JACKSONVILLE, FL 32205-0546**FEI Number:** 27-1129715**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KIRWAN, MICHAEL B
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32205 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 PRESIDENT, DIRECTOR
Name KIRWAN, MICHAEL B.
Address ONE INDEPENDENT DRIVE
 SUITE 1300
City-State-Zip: JACKSONVILLE FL 32202Title VP, DIRECTOR
Name HOFF, BILL JR.
Address 1402 N LAURA ST
City-State-Zip: JACKSONVILLE FL 32206Title SECRETARY, DIRECTOR
Name SCHMITT, MELISSA
Address 245 RIVERSIDE AVENUE
 SUITE 500
City-State-Zip: JACKSONVILLE FL 32202Title TREASURER, DIRECTOR
Name EDELMAN, MATTHEW E
Address 8665 SAN SERVERA DRIVE WEST
City-State-Zip: JACKSONVILLE FL 32217Title IMMEDIATE PAST PRESIDENT,
 DIRECTOR
Name CAVEN, SUSAN B
Address 2775 WHITE OAK LANE
City-State-Zip: JACKSONVILLE FL 32207Title DIRECTOR
Name OVERTON, JAMES
Address 3751 OAK POINT AVE
City-State-Zip: JACKSONVILLE FL 32210

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: MATTHEW E EDELMAN

TREASURER, DIRECTOR 03/03/2025

Electronic Signature of Signing Officer/Director Detail_____
Date