2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2020
Secretary of State
8091047271CC

DOCUMENT# N20049

Entity Name: SCENIC JACKSONVILLE, INC.

Current Principal Place of Business:

C/O ALICIA B. GRANT
9976 RIDGEFIELD DR.
JACKSONVILLE, FL 32257

Current Mailing Address:

SCENIC JACKSONVILLE, INC.
P.O. BOX 380046
JACKSONVILLE, FL 32205-0546

FEI Number: 27-1129715

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GRANT, ALICIA B
9976 RIDGEFIELD DR
JACKSONVILLE, FL 32257 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: ALICIA B GRANT 01/23/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	CAVEN, SUSAN
Address	2775 WHITE OAK LANE
City-State-Zip:	JACKSONVILLE FL 32207-4135

Title	PRESIDENT, TREASURER, DIRECTOR
Name	GRANT, ALICIA B
Address	9976 RIDGEFIELD DR.
City-State-Zip:	JACKSONVILLE FL 32257

Title	SECRETARY
Name	KIRWAN, MICHAEL B
Address	3507 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32205

Title	DIRECTOR, VP
Name	HAWKINS, MURRAY F III
Address	1924 HOLLY OAKS LAKE ROAD WEST
City-State-Zip:	JACKSONVILLE FL 32225-4434

Title	VP, DIRECTOR
Name	LARSON, TOM
Address	887 MARCHSIDE DRIVE
City-State-Zip:	JACKSONVILLE BEACH FL 32250

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: ALICIA B. GRANT PRESIDENT 01/23/2020

Electronic Signature of Signing Officer/Director Detail — Date