

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000562

Entity Name: JAX BEACH FESTIVALS, INC.**Current Principal Place of Business:**209 S. THIRD STREET
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**P.O. BOX 51348
JACKSONVILLE BEACH, FL 32240 US**FEI Number: 59-3293739****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JAX BEACH FESTIVALS INC
209 S. THIRD STREET
JACKSONVILLE BEACH, FL 32250 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: SAM VEAL****03/11/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name VEAL, SAMUEL
Address 16 PONTE VEDRA CIRCLE
City-State-Zip: PONTE VEDRA BEACH FL

Title D
Name MCCORMICK, REID T
Address 4300 SOUTH BEACH PARKWAY
UNIT 4111
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title D
Name HYATT, LLOYD G
Address 134 CORAL WAY
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title D
Name HARBESON, MITCH
Address 17253 EAGLE BEND BLVD.
City-State-Zip: JACKSONVILLE FL 32226

Title DIRECTOR
Name VEAL, TRACEY COOPER
Address 14022 CASHON FALLS COURT
City-State-Zip: JACKSONVILLE FL 32224

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 VEAL**D****03/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date