

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 189966

**Entity Name:** S. GARTNER & CO., INC.

**Current Principal Place of Business:**

1249 W. DUVAL ST.  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

P.O. BOX 551260  
JACKSONVILLE, FL 32255-1260 US

**FEI Number:** 59-0780277

**Certificate of Status Desired:** No

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

ANSBACHER & SCHNEIDER PA  
5150 BELFORT ROAD  
BUILDING 100  
JACKSONVILLE, FL 32256 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 PSTD  
Name GARTNER, BRIAN L  
Address P.O. BOX 2204  
City-State-Zip: JACKSONVILLE FL 32203-2204

Title VSTD  
Name GARTNER, MICHAEL S  
Address P.O. BOX 2204  
City-State-Zip: JACKSONVILLE FL 32203-2204

Title D  
Name GINSBERG, LINDA G  
Address P.O. BOX 2204  
City-State-Zip: JACKSONVILLE FL 32203-2204

Title D  
Name GARTNER, ALEXIS  
Address P O BOX 2204  
City-State-Zip: JACKSONVILLE FL 32203-2204

Title D  
Name GARTNER, CHERYL  
Address PO BOX 2204  
City-State-Zip: JACKSONVILLE FL 32203-2204

Title D  
Name WATZMAN, KAREN  
Address PO BOX 2204  
City-State-Zip: JACKSONVILLE FL 32203-2204

*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:** BRIAN L. GARTNER

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03/07/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date