

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 235388

Entity Name: WESJAX DEVELOPMENT COMPANY**Current Principal Place of Business:**569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32205**Current Mailing Address:**569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32205**FEI Number:** 59-0900850**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BYRD, CLIFTON R
5340 SHORECREST DRIVE
JACKSONVILLE, FL 32210 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	D
Name	AGRICOLA, WILLIAM
Address	914 ATLANTIC AVE SUITE 2A
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	D
Name	MCARTHUR, WILLIAM A
Address	3844 TIMUGUANA ROAD
City-State-Zip:	JACKSONVILLE FL 32210

Title	PD
Name	BYRD, CLIFTON R
Address	5340 SHORECREST DR
City-State-Zip:	JACKSONVILLE FL 32210

Title	D
Name	WADE IV, NEILL G
Address	P.O. BOX 37355
City-State-Zip:	TALLAHASSEE FL 32315

Title	VP
Name	FARNELL, CLEVELAND T
Address	4900 ORTEGA BLVD
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLIFTON R BYRD**PRESIDENT****02/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date