

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05767

**Entity Name:** S. GAGER INDUSTRIES, INC.

**Current Principal Place of Business:**

C/O LINDA D GAGER  
11436 PHILLIPS HWY  
JACKSONVILLE, FL 32256-1636

**Current Mailing Address:**

C/O LINDA D GAGER  
11436 PHILLIPS HWY  
JACKSONVILLE, FL 32256-1636

**FEI Number:** 59-2040980

**Certificate of Status Desired:** No

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

GAGER, LINDA D  
11436 PHILLIPS HWY  
JACKSONVILLE, FL 32256-1636 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 P  
Name GAGER, FOREST  
Address 11436 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32256

Title TD  
Name GAGER, LINDA D  
Address 11436 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name GAGER,GEORGE B  
Address 11436 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32256

*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:** GEORGE B. GAGER

VP

03/08/2016

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

\_\_\_\_\_  
Date