

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H28775

Entity Name: 4616 CORPORATION

Current Principal Place of Business:

4700 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216

Current Mailing Address:

4700 SOUTHSIDE BLVD.
P O BOX 19026F
JACKSONVILLE, FL 32216

FEI Number: 59-2460967

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HELMICK, JOHN P., JR.
4700 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216 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 DPS
Name HELMICK, JOHN P., JR.
Address 4700 SOUTHSIDE BLVD.
City-State-Zip: JACKSONVILLE FL

Title V
Name HELMICK, CLAUDETTE B.
Address 4700 SOUTHSIDE BLVD.
City-State-Zip: JACKSONVILLE FL

Title AS
Name HELMICK, MARC A.
Address 4700 SOUTHSIDE BLVD.
City-State-Zip: JACKSONVILLE FL

Title AS
Name POYTHRESS, GAYLA
Address 4700 SOUTHSIDE BLVD.
City-State-Zip: JACKSONVILLE FL

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: GAYLA POYTHRESS

ASST. SECRETARY

01/30/2019

Electronic Signature of Signing Officer/Director Detail

Date