

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H80151

**Entity Name:** KAUFF'S OF FT. PIERCE, INC.

**Current Principal Place of Business:**

8920 GLADES CUT OFF ROAD  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

4701 EAST AVENUE  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 59-2592839

**Certificate of Status Desired:** No

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

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401 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 OTHER  
Name GUARDIAN FLEET SERVICES, INC  
Address 4701 EAST AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

Title PRESIDENT  
Name RUSSELL, FRANCIS GEOFF  
Address 4701 EAST AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

Title VP  
Name CROCKETT, SCOTTY  
Address 4701 EAST AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

Title TREASURER  
Name WELCH, MICHAEL  
Address 4701 EAST AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

Title SECRETARY  
Name ALDRED, DAVID  
Address 4701 EAST AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** DAVID ALDRED

**SECRETARY**

**03/19/2018**

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

\_\_\_\_\_  
Date