# 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: CECILIA BRYANT

Electronic Signature of Signing Officer/Director Detail

#### 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# J20418

Entity Name: LIPSEY AND ASSOCIATES, INC.

## **Current Principal Place of Business:**

4339 ORTEGA FOREST DR. JACKSONVILLE, FL 32210

## **Current Mailing Address:**

4339 ORTEGA FOREST DR. JACKSONVILLE, FL 32210 US

## FEI Number: 59-2691698

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CECILIA BRYANT, P.A. 4339 ORTEGA FOREST DR. JACKSONVILLE, FL 32210 US

#### SIGNATURE:

**Officer/Director Detail :** Title PST Title VP LIPSEY, RICHARD Name BRYANT, CECILIA Name Address 4339 ORTEGA FOREST DR Address 4339 ORTEGA FOREST DR. City-State-Zip: JACKSONVILLE FL 32210 City-State-Zip: JACKSONVILLE FL 32210

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.

Certificate of Status Desired: No

VICE PRESIDENT

02/07/2013 Date

FILED Feb 07, 2013 Secretary of State CC6711243342

Date