

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J81929

**Entity Name:** CLAUDE NOLAN STERLING, INC.

**Current Principal Place of Business:**

% JOHN P. HELMICK JR  
4700 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

% JOHN P. HELMICK JR  
4700 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32216

**FEI Number:** 59-2819237

**Certificate of Status Desired:** No

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

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

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

Title AS  
Name LOVE, THOMAS  
Address 4700 SOUTHSIDE BLVD  
City-State-Zip: JACKSONVILLE FL

Title AS  
Name HELMICK, MARC A.  
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:** THOMAS LOVE

AS

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date