

2015 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 ODOM, SAMUEL
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: SAMUEL ODOM

AS

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date