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. 04/21/2017

PRESIDENT

SIGNATURE: /S/ WILLIAM A. MCARTHUR

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 569 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32205

Entity Name: GILCHRIST WADE, INC.

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Mailing Address:

DOCUMENT# K13540

569 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32205 US

FEI Number: 59-2888854

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

RAX CO. 50 N. LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202 US

Th rida.

SIGNATURE:

Title

| The showe named ontit | ty submits this statement | for the nurness of char | naina its registered offic | ce or registered agent, or l | both in the State of Elerid |
|-----------------------|------------------------------|-------------------------|----------------------------|-------------------------------|-------------------------------|
| The above hamed entit | 19 30011113 1113 31818111811 | ior the purpose of char | iyiny ito registereu unit | Je ul legisleleu ayelli, ul l | Jouri, in the State of Fioria |

Officer/Director Detail : PD Title V Name MCARTHUR, WILLIAM A Name HENDRIX, CHARLES N Address 569 EDGEWOOD AVENUE SOUTH Address 569 EDGEWOOD AVENUE SOUTH City-State-Zip: JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 City-State-Zip:

Certificate of Status Desired: No

Date

Date