

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K20377

**Entity Name:** R.P.M. OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

4343 HARBOUR ISLAND DR  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

P.O. BOX 351081  
JACKSONVILLE, FL 32235 US

**FEI Number:** 59-2884587

**Certificate of Status Desired:** No

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

MADSEN, R.  
4343 HARBOUR ISLAND DR  
JACKSONVILLE, FL 32225 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	PDST	Title	VP
Name	MADSEN, R	Name	MADSEN, C
Address	4343 HARBOUR ISLAND DR	Address	4343 HARBOUR ISLAND DR
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225

*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:** RICH MADSEN

COO

02/07/2019

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

\_\_\_\_\_ Date