

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L78428

**Entity Name:** JCLK CORPORATION

**Current Principal Place of Business:**

1835 LIVE OAK LN  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

1835 LIVE OAK LN  
ATLANTIC BEACH, FL 32233 US

**FEI Number:** 59-3011040

**Certificate of Status Desired:** No

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

FITZGERALD, KATHLEEN R  
1835 LIVE OAK LN  
ATLANTIC BEACH, FL 32233 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            DIR  
Name            FITZGERALD, LISA  
Address        3324 W UNIVERSITY AV  
                  PMB 210  
City-State-Zip: GAINESVILLE FL 32607

Title            PST  
Name            FITZGERALD, KATHLEEN R  
Address        1835 LIVE OAK LN  
City-State-Zip: ATLANTIC BEACH FL 32233

Title            VP  
Name            FITZGERALD, LISA  
Address        3324 W UNIVERSITY AVENUE  
                  PMB 210  
City-State-Zip: GAINESVILLE FL 32607

*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:** KATHLEEN FITZGERALD

**PRESIDENT**

**01/05/2017**

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

\_\_\_\_\_  
Date