

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000090533

**Entity Name:** INCEPTURE, INC.

**Current Principal Place of Business:**

4800 DEERWOOD CAMPUS PARKWAY  
DC8-4  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

4800 DEERWOOD CAMPUS PARKWAY  
DC8-4  
JACKSONVILLE, FL 32246 US

**FEI Number:** 59-3720231

**Certificate of Status Desired:** Yes

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

BATEH, SUSAN J  
4800 DEERWOOD CAMPUS PARKWAY,100-7  
JACKSONVILLE, FL 32246 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 DIRECTOR  
Name HARRISON, CAMILLE  
Address 4800 DEERWOOD CAMPUS  
PARKWAY, DC1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER  
Name TUCKER, SONDR  
Address 4800 DEERWOOD CAMPUS  
PARKWAY, DC1-5  
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY  
Name BATEH, SUSAN J  
Address 4800 DEERWOOD CAMPUS  
PARKWAY, DC1-7  
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT  
Name RUTH, AMY  
Address 4800 DEERWOOD CAMPUS PARKWAY  
DC1-4  
City-State-Zip: JACKSONVILLE FL 32246

*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:** SUSAN J. BATEH

**SECRETARY**

**04/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date