

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000102749

Entity Name: ACOSTA SERVICES, INC.**Current Principal Place of Business:**6600 CORPORATE CENTER PKWY
JACKSONVILLE, FL 32216**Current Mailing Address:**6600 CORPORATE CENTER PKWY
JACKSONVILLE, FL 32216**FEI Number:** 59-3752127**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	SECRETARY
Name	JOHNSON, TODD C
Address	6600 CORPORATE CENTER PKWY
City-State-Zip:	JACKSONVILLE FL 32216

Title	EXECUTIVE VICE PRESIDENT
Name	LAURIE, MATTHEW D
Address	6600 CORPORATE CENTER PKWY
City-State-Zip:	JACKSONVILLE FL 32216

Title	TREASURER
Name	ANTHONY, SEAN M.
Address	6600 CORPORATE CENTER PKWY
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP
Name	PHILLIPS, JEREMY C
Address	6600 CORPORATE CENTER PKWY
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP
Name	ATKINSON, MARTIN
Address	6600 CORPORATE CENTER PKWY
City-State-Zip:	JACKSONVILLE FL 32216

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: MATTHEW D LAURIE**EVP****04/19/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date