

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000073489

**Entity Name:** LEGACY TRUST COMPANY

**Current Principal Place of Business:**

822 N HWY A1A NORTH  
SUITE 101  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

822 N HWY A1A NORTH  
SUITE 101  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 41-2027993

**Certificate of Status Desired:** Yes

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

MCLAUHLAN, KRISTIN D  
822 N HWY A1A NORTH  
SUITE 101  
PONTE VEDRA BEACH, FL 32082 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 D  
Name MCLAUHLAN, RODNEY A  
Address 822 A1A NORTH STE 101  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title D  
Name EVANS, DAVID FJR  
Address 822 A1A NORTH STE 101  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DCC  
Name MCLAUHLAN, KRISTIN D  
Address 822 A1A NORTH STE 101  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name UHLAND, KRISTI B  
Address 822 N HWY A1A NORTH  
SUITE 101  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name QUICK, KRISTI M  
Address 822 N HWY A1A NORTH  
SUITE 101  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name WAY, KATHERINE D  
Address 822 N HWY A1A NORTH  
SUITE 101  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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:** KRISTI M. QUICK

**DIRECTOR**

**04/10/2017**

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

\_\_\_\_\_  
Date