

2015 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: No

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 DEALEXANDRIS, ROBERT A
Address 822 A1A NORTH STE 101
City-State-Zip: PONTE VEDRA BEACH FL 32082

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 TULIPAN, MATTHEW J
Address 822 N HWY A1A NORTH
SUITE 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

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 TULIPAN

**CORPORATE
SECRETARY**

04/01/2015

Electronic Signature of Signing Officer/Director Detail

Date