

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000074736

**Entity Name:** TRIPLE J OF JAX, INC.

**Current Principal Place of Business:**

11250 OLD ST. AUGUSTINE RD.  
#24  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

11250 OLD ST. AUGUSTINE RD.  
#24  
JACKSONVILLE, FL 32257

**FEI Number:** 16-1620125

**Certificate of Status Desired:** No

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

OSSI, JACK N  
3714 DARNALL PLACE  
JACKSONVILLE, FL 32217 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 P  
Name OSSI, JACK N  
Address 11250 OLD ST AUGUSTINE RD#24  
City-State-Zip: JACKSONVILLE FL 32257

Title V  
Name OSSI, MAYSOON E  
Address 11250 OLD ST AUGUSTINE RD #24  
City-State-Zip: JACKSONVILLE FL 32257

*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:** JACK N. OSSI

**PRES.**

**04/16/2015**

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

\_\_\_\_\_  
Date