

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000081159

**Entity Name:** APEX CLAIMS SERVICES, INC.

**Current Principal Place of Business:**

1164 HIDEAWAY DRIVE NORTH  
ST. JOHNS, FL 32259

**Current Mailing Address:**

P. O. BOX 600066  
JACKSONVILLE, FL 32260 US

**FEI Number:** 20-3176853

**Certificate of Status Desired:** No

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

MEACHAM, CASE  
1164 HIDEAWAY DRIVE NORTH  
ST. JOHNS, FL 32259 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:** CASE MEACHAM

02/19/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MEACHAM, CASE PATRICK  
Address 1164 HIDEAWAY DRIVE NORTH  
City-State-Zip: JACKSONVILLE FL 32259

Title OFFICER  
Name MEACHAM, CASE  
Address 1164 HIDEAWAY DRIVE NORTH  
City-State-Zip: ST. JOHNS FL 32259

*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:** CASE MEACHAM

PRESIDENT

02/19/2019

Electronic Signature of Signing Officer/Director Detail

Date