

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000020684

**Entity Name:** ST. AUGUSTINE SERVICE CENTER, INC.

**Current Principal Place of Business:**

2405 US 1 SOUTH  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

2405 US 1 SOUTH  
ST AUGUSTINE, FL 32086

**FEI Number: 20-4303345**

**Certificate of Status Desired: No**

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

THOMAS, JAMES K  
4650 CARTER ROAD  
ST AUGUSTINE, FL 32086 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 DP  
Name THOMAS, JAMES K  
Address 4650 CARTER ROAD  
City-State-Zip: ST AUGUSTINE FL 32086

Title ST  
Name THOMAS, KARRI A  
Address 4650 CARTER ROAD  
City-State-Zip: ST AUGUSTINE FL 32086

Title VP  
Name WHITE, MICHAEL E  
Address 880 OAK RIDGE RD  
City-State-Zip: ST AUGUSTINE FL 32086

*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: KARRI THOMAS**

ST

09/10/2014

Electronic Signature of Signing Officer/Director Detail

Date