## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014479

Entity Name: JOHN-MART ENTERPRISES OF JAX INC.

**Current Principal Place of Business:** 

8719 W. BEAVER STREET JACKSONVILLE, FL 32220

**Current Mailing Address:** 

8719 W. BEAVER STREET JACKSONVILLE, FL 32220 US

FEI Number: 26-1986522 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CAPPS, APRIL 8719 W. BEAVER STREET JACKSONVILLE, FL 32220 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

FILED Jan 09, 2013

**Secretary of State** 

CC6675728684

Officer/Director Detail:

Title PRES Title TRES

Name CAPPS, JOANN Name CAPPS, JOANN

Address 8719 W. BEAVER STREET Address 8719 W. BEAVER STREET

City-State-Zip: JACKSONVILLE FL 32220 City-State-Zip: JACKSONVILLE FL 32220

Title SECT Title DIR

Name CAPPS, JOANN Name CAPPS, JOANN

Address 8719 W. BEAVER STREET Address 8719 W. BEAVER STREET

City-State-Zip: JACKSONVILLE FL 32220 City-State-Zip: JACKSONVILLE FL 32220

Title DIR

Name CAPPS, APRIL

Address 8719 W. BEAVER STREET
City-State-Zip: JACKSONVILLE FL 32220

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: JOANN CAPPS

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

01/09/2013

Date