

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000101359

Entity Name: IN VENT, INC.

**Current Principal Place of Business:**

2201 EDISON AVENUE  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

2201 EDISON AVENUE  
JACKSONVILLE, FL 32204 US

FEI Number: 37-1624914

Certificate of Status Desired: No

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

NUNN, DANIEL BJR.  
50 N. LAURA STREET, SUITE 2800  
JACKSONVILLE, FL 32202 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 PRE  
Name PRESSON, ALLEN  
Address 2201 EDISON AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

Title D, VP  
Name RAY, GUIL  
Address 7014 A.C. SKINNER PARKWAY, SUITE 290  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name NORRIS, WILLIAM  
Address 7014 A.C. SKINNER PARKWAY, SUITE 290  
City-State-Zip: JACKSONVILLE FL 32256

Title D, VP  
Name EDGE, AUBREY  
Address 7014 A.C. SKINNER PARKWAY, SUITE 290  
City-State-Zip: JACKSONVILLE FL 32256

Title SEC  
Name MILLER, DONNA  
Address 7014 A.C. SKINNER PARKWAY, SUITE 290  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name CREEL, WILLIAM MARC  
Address 7014 A. C. SKINNER PARKWAY SUITE 290  
City-State-Zip: JACKSONVILLE FL 32256

*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: AUBREY L. EDGE

VICE PRESIDENT

02/10/2017

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

\_\_\_\_\_  
Date