

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000031987

**Entity Name:** B A/C 24 INC

**Current Principal Place of Business:**

P O BOX 441196  
JACKSONVILLE, FL 32222-1196

**Current Mailing Address:**

P O BOX 441196  
JACKSONVILLE, FL 32222-1196 US

**FEI Number:** 27-5162478

**Certificate of Status Desired:** No

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

VO, NGOC B  
5813 JAMMES RD  
JACKSONVILLE, FL 32244 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 NGUYEN, BA DUNG P  
Address P O BOX 441196  
City-State-Zip: JACKSONVILLE FL 32222-1196

Title VP  
Name VO, NGOC B  
Address P O BOX 441196  
City-State-Zip: JACKSONVILLE FL 32222-1196

Title OFFICER  
Name VO, NGOC B  
Address P O BOX 441196  
City-State-Zip: JACKSONVILLE FL 32222-1196

Title OFFICER  
Name NGUYEN, BA DUNG P  
Address P O BOX 441196  
City-State-Zip: JACKSONVILLE FL 32222-1196

Title CFO  
Name VO, NGOC B  
Address P O BOX 441196  
City-State-Zip: JACKSONVILLE FL 32222-1196

*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:** NGOC B VO

VP

02/04/2017

Electronic Signature of Signing Officer/Director Detail

Date