

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000039392

Entity Name: ALL SQUARE DIGITAL SOLUTIONS, INC.**Current Principal Place of Business:**3300 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207**Current Mailing Address:**PO BOX 5369
JACKSONVILLE, FL 32247-5369**FEI Number: 45-1871994****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCGEHEE, F. SUTTON
3300 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207 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	MCGEHEE, F. SUTTON
Address	3300 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32207

Title	DVT
Name	MCGEHEE, DAVID S
Address	3300 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32207

Title	DVS
Name	MCGEHEE, THOMAS RJR.
Address	3300 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32207

Title	CFO
Name	GAY, GREG H
Address	PO BOX 5369
City-State-Zip:	JACKSONVILLE FL 32247-5369

Title	ASSISTANT SECRETARY
Name	ROGERS, JONATHAN Y
Address	PO BOX 5369
City-State-Zip:	JACKSONVILLE FL 32247-5369

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: JONATHAN Y. ROGERS**AS****01/21/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date