

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000039392

**Entity Name:** ALL SQUARE DIGITAL SOLUTIONS, INC.**Current Principal Place of Business:**3300 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32207-4312**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 32207-4312 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 R JR.
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	ASST. TREASURER, ASST. 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 & AT****01/09/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date