

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000041282

**Entity Name:** JN VEST, INC.

**Current Principal Place of Business:**

845 LADYFISH AVENUE  
UNIT # 203  
NEW SMYRNA BEACH, FL 32169-4900

**Current Mailing Address:**

845 LADYFISH AVENUE  
UNIT # 203  
NEW SMYRNA BEACH, FL 32169-4900 US

**FEI Number:** 45-2088983

**Certificate of Status Desired:** No

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

NICHOLAS, DEBRA S  
845 LADYFISH AVENUE  
UNIT # 203  
NEW SMYRNA BEACH, FL 32169-4900 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 NICHOLAS, JOHN L JR.  
Address 845 LADYFISH AVENUE  
UNIT # 203  
City-State-Zip: NEW SMYRNA BEACH FL 32169-4900

Title VP  
Name NICHOLAS, DEBRA SAPP  
Address 845 LADYFISH AVENUE  
UNIT # 203  
City-State-Zip: NEW SMYRNA BEACH FL 32169-4900

Title SECRETARY  
Name NICHOLAS, LAUREN ALEXANDRA  
Address 845 LADYFISH AVENUE  
UNIT # 203  
City-State-Zip: NEW SMYRNA BEACH FL 32169-4900

Title ASST. SECRETARY  
Name NICHOLAS, JACOB THOMAS  
Address 845 LADYFISH AVENUE  
UNIT # 203  
City-State-Zip: NEW SMYRNA BEACH FL 32169-4900

*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:** JOHN L. NICHOLAS JR.

**PRESIDENT**

**03/18/2023**

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

\_\_\_\_\_  
Date