2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000073607

Entity Name: IPMG, INC - FLORIDA

Current Principal Place of Business:

301 WEST BAY STREET **SIOTE 1400**

JACKSONVILLE, FL 32202

Current Mailing Address:

450054 FLORIDA STATE ROAD200 **BOX 1832** JACKSONVILLE, FL 32202 US

FEI Number: 87-2486060 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KINMAN, ALLEN L 450054 FLORIDA STATE ROAD200 **BOX 1832** CALLAHAN, FL 32011 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:

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Apr 30, 2023

Secretary of State

9487655545CC

Officer/Director Detail:

Title **PRESIDENT** Title CHIEF EXECUTIVE OFFICER

Name SHELTON, AMY N Name SHELTON, AMY N

Address 301 WEST BAY STREET Address 301 WEST BAY STREET

> **SIOTE 1400 SIOTE 1400**

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title CHIEF OPERATIONS OFFICER Title CHIEF BUSINESS OFFICER

Name KINMAN, ALLEN L Name SHELTON, AMY N

Address 301 WEST BAY STREET Address 301 WEST BAY STREET

> **SIOTE 1400 SIOTE 1400**

JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title CHIEF CONSTRUCTION OFFICER Title **SECRETARY**

MCABEE, NICHOLAS A SHELTON, AMY N Name Name

301 WEST BAY STREET 301 WEST BAY STREET Address Address

SIOTE 1400 SIOTE 1400

> JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title D Title **CHAIRMAN**

Name SHELTON, AMY N Name KINMAN. ALLEN L

Address 301 WEST BAY STREET Address 301 WEST BAY STREET

> **SIOTE 1400 SIOTE 1400**

JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 City-State-Zip: City-State-Zip:

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: ALLEN L KINMAN

CHIEF OPERATIONS **OFFICER**

04/30/2023