	-			
P.O. BOX 24 JACKSONV	.874 ILLE, FL 32241			
FEI Number: 59-3338534			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
KELLISON, LEI 6817 SOUTHPO #603				
	E, FL 32216 US			
The above name		to registered office or regis		
	d entity submits this statement for the purpose of changing i	is registered onice of regis	tered agent, or both, in the State of Flori	da.
	E: LEE G. KELLISON, PA	is registered once of regis	tered agent, or both, in the State of Fiori	da. 01/21/2017
	-	is registered onice of regis	tered agent, or both, in the State of Flori	
	E: LEE G. KELLISON, PA Electronic Signature of Registered Agent	is registered onice of regis	tered agent, or both, in the State of Flori	01/21/2017
SIGNATURE	E: LEE G. KELLISON, PA Electronic Signature of Registered Agent	Title	VP, TREASURER, SECRETARY	01/21/2017
SIGNATURE Officer/Dire	ELEE G. KELLISON, PA Electronic Signature of Registered Agent Ctor Detail :			01/21/2017
SIGNATURE Officer/Dire	ELEE G. KELLISON, PA Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	VP, TREASURER, SECRETARY	01/21/2017
SIGNATURE Officer/Dire Title Name	E LEE G. KELLISON, PA Electronic Signature of Registered Agent Ctor Detail : PRESIDENT LOSCO, TIMOTHY S 1340 WEDGEWOOD ROAD	Title Name	VP, TREASURER, SECRETARY LOSCO, AIDA I 1340 WEDGEWOOD ROAD	01/21/2017
SIGNATURE Officer/Dire Title Name Address	E LEE G. KELLISON, PA Electronic Signature of Registered Agent Ctor Detail : PRESIDENT LOSCO, TIMOTHY S 1340 WEDGEWOOD ROAD	Title Name Address	VP, TREASURER, SECRETARY LOSCO, AIDA I 1340 WEDGEWOOD ROAD	01/21/2017
SIGNATURE Officer/Dire Title Name Address	E LEE G. KELLISON, PA Electronic Signature of Registered Agent Ctor Detail : PRESIDENT LOSCO, TIMOTHY S 1340 WEDGEWOOD ROAD	Title Name Address	VP, TREASURER, SECRETARY LOSCO, AIDA I 1340 WEDGEWOOD ROAD	01/21/2017

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.

VP

Electronic Signature of Signing Officer/Director Detail

01/21/2017 Date

## I

**Current Mailing Address:** 

1340 WEDGEWOOD ROAD JACKSONVILLE, FL 32259

DOCUMENT# P95000066047

## I

Entity Name: G.A.T.S. CONSTRUCTION, INC.

**Current Principal Place of Business:** 

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT