

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000010736

**Entity Name:** S & K MUFFLER, INC.

**Current Principal Place of Business:**

1230 CASSAT AVE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

PO BOX 61144  
JACKSONVILLE, FL 32236-1144

**FEI Number:** 59-3432107

**Certificate of Status Desired:** Yes

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

KEELER, SCOTT  
1230 CASSAT AVENUE  
JACKSONVILLE, FL 32236-1144 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 PVD  
Name KEELER, SCOTT  
Address P O BOX 61144  
City-State-Zip: JACKSONVILLE FL 32236-1144

Title V  
Name YATES, TIMOTHY P JR  
Address 1439 JONES ROAD  
City-State-Zip: JACKSONVILLE FL 32220

Title S  
Name JEROME, RYAN  
Address 17255 NORMANDY BLVD  
City-State-Zip: JACKSONVILLE FL 32234

Title COO  
Name YATES, TRACY ELIZABETH  
Address PO BOX 37520  
City-State-Zip: JACKSONVILLE FL 32236-7520

*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:** SCOTT KEELER

**PRESIDENT**

**02/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date