

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000106398

**Entity Name:** F.C. PLATT, INC.

**Current Principal Place of Business:**

2200 SIMON ROAD  
MELBOURNE, FL 32904

**Current Mailing Address:**

2200 SIMON ROAD  
MELBOURNE, FL 32904

**FEI Number:** 59-3484200

**Certificate of Status Desired:** No

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

NASH,, CHARLES IAN  
440 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901 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 PD  
Name PLATT, F. CARLYLE  
Address 2200 SIMON RD  
City-State-Zip: MELBOURNE FL 32904

Title TSD  
Name PLATT, JANET P  
Address 2200 SIMON RD  
City-State-Zip: MELBOURNE FL 32904

Title D  
Name LOVETT,, SANDRA P  
Address 2500 SIMON RD  
City-State-Zip: MELBOURNE FL 32904

Title D  
Name ARNOLD, JUDITH P  
Address 12700 E IRLO BRONSON HWY  
City-State-Zip: ST CLOUD FL 34773

Title D  
Name UNGERER,, CARYL P  
Address 6250 NE 20TH TERRACE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title D  
Name PLATT, DOUGLAS C  
Address 3300 SAND GULLEY DR  
City-State-Zip: MELBOURNE FL 32904

Title ASSISTANT TREASURER  
Name JAMES, KIMBERLY DAWN  
Address 2200 SIMON ROAD  
City-State-Zip: MELBOURNE FL 32904

*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:** KIMBERLY JAMES

**ASSISTANT TREASURER 03/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date