

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021212

Entity Name: JACKSONVILLE GREYHOUND RACING, INC.

Current Principal Place of Business:

455 PARK AVENUE
ORANGE PARK, FL 32073

Current Mailing Address:

P.O. BOX 959
ORANGE PARK, FL 32067-0959

FEI Number: 59-3563220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHELTON, JAMIE C
455 PARK AVENUE
ORANGE PARK, FL 32073 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: JAMIE C. SHELTON

04/13/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, SECRETARY, DIRECTOR
Name PATTON, MARY CARR
Address 455 PARK AVENUE
City-State-Zip: ORANGE PARK FL 32073

Title CEO, DIRECTOR
Name KORMAN, HOWARD I
Address 455 PARK AVENUE
City-State-Zip: ORANGE PARK FL 32073

Title VP, DIRECTOR
Name BIDWILL, PATRICIA
Address 730 GLEN VIEW ROAD
City-State-Zip: GLEN VIEW IL 60029

Title AVP, DIRECTOR
Name BIDWILL, CHARLES WIII
Address 1921 SCHILLER AVENUE
City-State-Zip: WILMETTE IL 60091

Title VP, DIRECTOR
Name JOHNSTON, WILLIAM HJR
Address 65 TARPON LANE
City-State-Zip: KEY LARGO FL 33037

Title ASST. SECRETARY
Name SMITH, MELISSA M
Address 625 LADY LAKE ROAD WEST
City-State-Zip: JACKSONVILLE FL 32218

Title PRESIDENT, DIRECTOR
Name SHELTON, JAMIE C
Address 455 PARK AVENUE
City-State-Zip: ORANGE PARK FL 32073

Title TREASURER, DIRECTOR
Name ESPENKOTTER, MARY CLAIRE
Address 140 JEFFERSON AVE
City-State-Zip: MIAMI BEACH FL 33139

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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: MELISSA M. SMITH

ASST. SECRETARY

04/13/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. TREASURER, DIRECTOR
Name HOWELL, JOHN C
Address 351 11TH STREET
City-State-Zip: ATLANTIC BEACH FL 32233