

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 856302

**Entity Name:** VECTORSGI, INC.

**Current Principal Place of Business:**

601 RIVERSIDE AVE  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

601 RIVERSIDE AVE  
JACKSONVILLE, FL 32204 US

**FEI Number: 75-1866668**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           DIRECTOR  
Name           MAYO, MARC M  
Address        601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

Title           TREASURER  
Name           COUTURIER,, JASON L  
Address        601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

Title           ASSISTANT SECRETARY  
Name           BURGESS, DEBRA H  
Address        601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

Title           PRESIDENT  
Name           NORCROSS, GARY A.  
Address        601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

Title           DIRECTOR  
Name           OATES, MICHAEL P  
Address        601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

*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: DEBRA H BURGESS**

**ASSISTANT SECRETARY   04/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date