

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000004666

**Entity Name:** CHESSIE COMPUTER SERVICES, INC.

**Current Principal Place of Business:**

500 WATER STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

500 WATER STREET  
C160  
JACKSONVILLE, FL 32202

**FEI Number:** 52-1462722

**Certificate of Status Desired:** No

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

C T 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            PRESIDENT, DIRECTOR  
Name            EPPINGER, GARY  
Address        500 WATER STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title            CORPORATE SECRETARY  
Name            BURNS, MICHAEL S.  
Address        500 WATER STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title            DIRECTOR  
Name            HOLLINGSWORTH, IAN F.  
Address        500 WATER STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title            VP, TREASURER  
Name            SLATER, WILLIAM D.  
Address        500 WATER STREET  
                  C160  
City-State-Zip: JACKSONVILLE FL 32202

Title            DIRECTOR  
Name            THOMAS, L. MCDUFFIE  
Address        500 WATER STREET  
City-State-Zip: JACKSONVILLE FL 32202

*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:** MICHAEL S. BURNS

**CORPORATE  
SECRETARY**

**04/09/2024**

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

\_\_\_\_\_  
Date