

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002908

Entity Name: FSI BUSINESS SERVICES, INC.**Current Principal Place of Business:**601 RIVERSIDE AVE
JACKSONVILLE, FL 32204**Current Mailing Address:**601 RIVERSIDE AVE
JACKSONVILLE, FL 32204 US**FEI Number:** 22-1551380**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 DIRECTOR
Name MAYO, MARC M.
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

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

Title DIRECTOR
Name NORCROSS, GARY A
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 04/15/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date