

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007780

FILED
Mar 16, 2012
Secretary of State

Entity Name: LINVILLE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

4565 SHIRLEY AVE
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

4565 SHIRLEY AVE
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-3626174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, ALAN M
ALAN M. FISHER, P.A.
6401 SW 87TH AVE., STE. 200
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PO
Name: LINVILLE, CHARLES W
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VPO
Name: LINVILLE, MARY L
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SVP
Name: LINVILLE, MELISSA M
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SVP
Name: BEASLEY, ELIZABETH L
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP S
Name: BRYAN, JASMINE L
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

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: ELIZABETH BEASLEY

SVP

03/16/2012

Electronic Signature of Signing Officer or Director

Date