

**2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 131530

**Entity Name:** JAMCO, INC.**Current Principal Place of Business:**1801 CENTREPARK DRIVE E STE 150  
WEST PALM BEACH, FL 33401**Current Mailing Address:**PO BOX 3768  
W PALM BEACH, FL 33402 US**FEI Number:** 59-0370790**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTINELLI, VICTOR  
1801 CENTREPARK DRIVE E STE 150  
WEST PALM BEACH, FL 33401 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           TREASURER  
Name           MARTINELLI, VICTOR  
Address        15616 ITALIAN CYPRESS WAY  
City-State-Zip: WELLINGTON FL 33414

Title           PD  
Name           MURPHY, MARTIN EARL  
Address        331 RIVER DR  
City-State-Zip: TEQUESTA FL 33469

Title           VP, DIRECTOR  
Name           MENDIA, JOSEPH  
Address        1801 CENTREPARK DR E  
                  SUITE 150  
City-State-Zip: WEST PALM BEACH FL 33401

Title           DIRECTOR  
Name           ELHILOW, MARK B  
Address        101 N. CLEMATIS ST  
                  SUITE 220  
City-State-Zip: WEST PALM BEACH FL 33401

Title           DIRECTOR  
Name           MURPHY, JOHN E  
Address        1700 N. LAKESIDE DR  
City-State-Zip: LAKE WORTH FL 33460

Title           SECRETARY  
Name           LETTENMAIER, LISA  
Address        8689 OLDHAM WAY  
City-State-Zip: PALM BEACH GARDENS FL 33412

Title           DIRECTOR  
Name           JOHNSON, RICHARD S JR.  
Address        505 S. FLAGLER DR  
                  SUITE 1010  
City-State-Zip: WEST PALM BEACH FL 33401

*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: VICTOR MARTINELLI****TREASURER****11/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date