

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 131530

Entity Name: JAMCO, INC.**Current Principal Place of Business:**860 BENOIST FARMS RD
WEST PALM BEACH, FL 33411**Current Mailing Address:**PO BOX 3768
W PALM BEACH, FL 33402 US**FEI Number:** 59-0370790**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MURPHY, MARTIN EARL
860 BENOIST FARMS RD
WEST PALM BEACH, FL 33411 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:** MARTIN EARL MURPHY

05/15/2020

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

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

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

Title VP, DIRECTOR
Name MENDIA, JOSEPH
Address 1615 BREAKERS WEST BLVD
City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR
Name JOHNSON, RICHARD S JR.
Address 505 S. FLAGLER DR
 SUITE 1010
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

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

05/15/2020

Electronic Signature of Signing Officer/Director Detail

Date