

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 145314

**Entity Name:** J.W. CONNER & SONS, INC.

**Current Principal Place of Business:**

550 N. REO STREET SUITE 300-25  
TAMPA, FL 33609

**Current Mailing Address:**

P.O. BOX 2522  
TAMPA, FL 33601 US

**FEI Number:** 59-0554002

**Certificate of Status Desired:** No

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

CONNER, DOUGLAS BCSTD  
550 N. REO STREET SUITE 300-25  
TAMPA, FL 33609 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 CSTD  
Name CONNER, DOUGLAS B  
Address 550 N. REO STREET SUIT 300-25  
City-State-Zip: TAMPA FL 33609

Title PD  
Name CONNER, DONALD L  
Address 550 N. REO STREET SUITE 300-25  
City-State-Zip: TAMPA FL 33609

Title VD  
Name CONNER, JACK RSR  
Address 550 N. REO STREET SUITE 300-25  
City-State-Zip: TAMPA FL 33609

Title ASS  
Name TURRELL, PATRICIA CASS  
Address 550 N. REO STREET SUITE 300-25  
City-State-Zip: TAMPA FL 33609

*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:** DOUGLAS B. CONNER

BCSTD

03/30/2018

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

\_\_\_\_\_  
Date