

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 340909

**Entity Name:** JSC SYSTEMS, INC.**Current Principal Place of Business:**5021 STEPP AVE  
JACKSONVILLE, FL 32216**Current Mailing Address:**P. O. BOX 551629  
JACKSONVILLE, FL 32255-1629 US**FEI Number:** 59-1229041**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SICK, MARY L  
5021 STEPP AVE  
JACKSONVILLE, FL 32216 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:** MARY L. SICK

03/18/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPC  
Name BEGLEY, ROBERT E JR.  
Address 5021 STEPP AVE  
City-State-Zip: JACKSONVILLE FL 32216

Title D  
Name SICK, ML  
Address 5021 STEPP AVE  
City-State-Zip: JACKSONVILLE FL 32216

Title V  
Name RUDD, MICKEY C  
Address 5021 STEPP AVE  
City-State-Zip: JACKSONVILLE FL 32216

Title V  
Name MILHON, THOMAS L  
Address 5021 STEPP AVE  
City-State-Zip: JACKSONVILLE FL 32216

Title D  
Name SICK, ROBERT A  
Address 5021 STEPP AVE  
City-State-Zip: JACKSONVILLE FL 32216

Title TD  
Name SICK, WILSON W., JR.  
Address 5021 STEPP AVE  
City-State-Zip: JACKSONVILLE FL 32216

Title S  
Name ADAMS, KATHIE  
Address 5021 STEPP AVE  
City-State-Zip: JACKSONVILLE FL 32216

*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:** KATIE M. SHELVEY**DIRECTOR OF FINANCE & ACCOUNTING** 03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date