

2016 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

02/18/2016

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 SHELVEY, KATIE
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: KATHIE ADAMS**CONTROLLER**

02/18/2016

Electronic Signature of Signing Officer/Director Detail

Date