

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 340909

**Entity Name:** JSC SYSTEMS, INC.**Current Principal Place of Business:**4237 SALISBURY RD  
SUITE 200  
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  
4237 SALISBURY RD  
SUITE 200  
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

02/17/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	BOD
Name	BEGLEY, ROBERT E JR.
Address	4237 SALISBURY RD SUITE 200
City-State-Zip:	JACKSONVILLE FL 32216

Title	CONTROLLER
Name	BANOVIC, TEA
Address	4237 SALISBURY RD SUITE 200
City-State-Zip:	JACKSONVILLE FL 32216

Title	COF
Name	AYERS, ROBERT D
Address	4237 SALISBURY RD SUITE 200
City-State-Zip:	JACKSONVILLE FL 32216

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

Title	P, CEO, T
Name	FLOYD, JOHN
Address	5021 STEPP AVE
City-State-Zip:	JACKSONVILLE FL 32216

Title	CFO
Name	FAUL, MICHAEL
Address	4237 SALISBURY RD SUITE 200
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:** TEA BANOVIC**CONTROLLER**

02/17/2025

Electronic Signature of Signing Officer/Director Detail

Date