2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 340909

Entity Name: JSC SYSTEMS, INC.

Current Principal Place of Business:

5021 STEPP AVE

JACKSONVILLE, FL 32216

FILED
Apr 01, 2019
Secretary of State
5265908403CC

Current Mailing Address:

P. O. BOX 551629

JACKSONVILLE. FL 32255-1629 US

FEI Number: 59-1229041 Certificate of Status Desired: Yes

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 04/01/2019

Electronic Signature of Registered Agent

Officer/Director Detail:

Title CHAIRMAN, DIRECTOR, CEO Title D

Name BEGLEY, ROBERT E JR. Name SICK, ML

Address 5021 STEPP AVE Address 5021 STEPP AVE

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

Title V Title V

NameRUDD, MICKEY CNameMILHON, THOMAS LAddress5021 STEPP AVEAddress5021 STEPP AVE

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

Title D Title TD

NameSICK, ROBERT ANameSICK, WILSON W., JR.Address5021 STEPP AVEAddress5021 STEPP AVE

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

Title S Title PRESIDENT

NameHUNT, KRISTANameFLOYD, JOHNAddress5021 STEPP AVEAddress5021 STEPP AVE

City-State-Zip: JACKSONVILLE FL 32216 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: KRISTA J HUNT SECRETARY 04/01/2019

Date