

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 475363

**Entity Name:** WILLIAM H. COLEMAN, INC.

**Current Principal Place of Business:**

1613 KING STREET  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1613 KING STREET  
JACKSONVILLE, FL 32204 US

**FEI Number:** 59-1616836

**Certificate of Status Desired:** No

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

ROBIN, CUEVAS MICHELLE  
8535 GRANPAW CT.  
JACKSONVILLE, FL 32220 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:** ROBIN M. CUEVAS

01/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name COLEMAN, WILLIAM HENRY  
Address 3454 FITCH STREET  
City-State-Zip: JACKSONVILLE FL 32205

Title PRESIDENT, CEO  
Name COLEMAN, IRMA MIRANDA  
Address 3454 FITCH ST.  
City-State-Zip: JACKSONVILLE FL 32205

Title VP  
Name CUEVAS, MANUEL  
Address 8535 GRANPAW CT.  
City-State-Zip: JACKSONVILLE FL 32220

Title CFO  
Name FLESCH, CHRISTINA KAY  
Address 702 FAIRFIELD ROAD  
City-State-Zip: PORT BYRON IL 61275

Title VICE PRESIDENT OF OPERATIONS  
Name CUEVAS, ROBIN MICHELLE  
Address 8535 GRANPAW CT  
City-State-Zip: JACKSONVILLE FL 32220

*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:** ROBIN MICHELLE CUEVAS

VICE PRESIDENT OF  
OPERATIONS

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date