

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604718

Entity Name: BOYD & JENERETTE, P.A.**Current Principal Place of Business:**201 NORTH HOGAN STREET
STE 400
JACKSONVILLE, FL 32202-0372**Current Mailing Address:**201 NORTH HOGAN STREET
STE 400
JACKSONVILLE, FL 32202-0372**FEI Number:** 59-1484000**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHRADER, III, ROBERT E
201 NORTH HOGAN STREET STE 400
JACKSONVILLE, FL 32202 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY, DIRECTOR
Name	SCHRADER, ROBERT EIII
Address	201 NORTH HOGAN STREET STE 400
City-State-Zip:	JACKSONVILLE FL 32202-0372

Title	VP, DIRECTOR
Name	ECKELS, MARK K
Address	201 NORTH HOGAN STREET STE 400
City-State-Zip:	JACKSONVILLE FL 32202-0372

Title	PRESIDENT, DIRECTOR
Name	SAMUELS, BENFORD LJR.
Address	201 NORTH HOGAN STREET STE 400
City-State-Zip:	JACKSONVILLE FL 32202-0372

Title	TREASURER, VP, DIRECTOR
Name	VANDERLINDE, KRISTEN M
Address	201 NORTH HOGAN STREET STE 400
City-State-Zip:	JACKSONVILLE FL 32202-0372

Title	VP, DIRECTOR
Name	MCCLARY, GLEN A
Address	201 NORTH HOGAN STREET STE 400
City-State-Zip:	JACKSONVILLE FL 32202-0372

Title	VP, DIRECTOR
Name	ANDERSON, JANE
Address	201 NORTH HOGAN STREET STE 400
City-State-Zip:	JACKSONVILLE FL 32202-0372

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: ROBERT E. SCHRADER, III**SECRETARY, DIRECTOR** 02/14/2017_____
Electronic Signature of Signing Officer/Director Detail_____
Date