

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 606223

**Entity Name:** CHISHOLM & CO.

**Current Principal Place of Business:**

C/O JAMES H. CHISHOLM  
5 BEVERLY DRIVE  
KINGSTON 6, JAMAICA, W.I., XX XXXXX-XXXX

**Current Mailing Address:**

C/O JAMES H. CHISHOLM  
5 BEVERLY DRIVE, P.O. BOX 457  
KINGSTON 6, JAMAICA, W.I., XX XXXXX-XXXX JA

**FEI Number:** 59-1888821

**Certificate of Status Desired:** Yes

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

CHISHOLM, JAMES H  
24 WEST 10TH STREET  
JACKSONVILLE, FL 32206 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           PTD  
Name           CHISHOLM, JAMES H  
Address        5 BEVERLY DRIVE, P.O. BOX 457  
City-State-Zip: KINGSTON 6, JAMAICA, W.I. XX  
                  XXXXX-XXXX

Title           D  
Name           CHISHOLM REID, JUNE A  
Address        5 BEVERLY DRIVE  
City-State-Zip: KINGSTON, JAMAICA

Title           D  
Name           CHISHOLM, JACQUELINE E  
Address        5 BEVERLY DRIVE  
City-State-Zip: KINGSTON, JAMAICA

*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:** JUNE A CHISHOLM REID

**DIRECTOR**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date