

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 664352

**Entity Name:** SU OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

4168 SOUTHPOINT PKWY  
STE 305  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4168 SOUTHPOINT PKWY  
STE 305  
JACKSONVILLE, FL 32216 US

**FEI Number:** 59-1969646

**Certificate of Status Desired:** No

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

LORBANO III, THOMAS S  
4168 SOUTHPOINT PKWY  
STE 305  
JACKSONVILLE, FL 32204 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            DP  
Name            LOBRANO, THOMAS S., III  
Address        10420 SYLVAN LANE  
City-State-Zip: JACKSONVILLE FL

Title            DIR  
Name            LOBRANO, SHARYN A  
Address        10420 SYLVAN LANE  
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:** THOMAS S LOBRANO III

**PRESIDENT**

**04/25/2017**

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

\_\_\_\_\_  
Date