

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F45960

**Entity Name:** J. WILCOXEN, INC.

**Current Principal Place of Business:**

5923 SE HYW 70  
ARCADIA, FL 34266

**Current Mailing Address:**

P.O. BOX 1800  
ARCADIA, FL 34265

**FEI Number:** 59-2133756

**Certificate of Status Desired:** No

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

HEEKIN, JOHN CHARLES  
21202 OLEAN BLVD., STE C-2  
PT CHARLOTTE, FL 33952 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 PD  
Name WILCOXEN, JOHN E  
Address 5923 S.E. HIGHWAY 70  
City-State-Zip: ARCADIA FL 34266

Title PERSONAL REPRESENTATIVE FOR  
JOHN E. WILCOXEN  
Name SAPP, DEBORAH D  
Address 4375 ROTA CIRCLE  
City-State-Zip: FORT WORTH TX 76133

*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:** DEBORAH SAPP

PERSONAL  
REPRESENTATIVE FOR  
JOHN E. WILCOXEN

04/29/2014

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

\_\_\_\_\_  
Date