

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000019742

**Entity Name:** BUSHCO, INC.**Current Principal Place of Business:**9850 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32225**Current Mailing Address:**9850 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32225**FEI Number:** 85-0172198**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BUSH, JOHN P  
9850 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32225 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           | PRESIDENT, DIRECTOR     |
| Name            | BUSH, JOHN P            |
| Address         | 9850 ATLANTIC BOULEVARD |
| City-State-Zip: | JACKSONVILLE FL 32225   |

|                 |                         |
|-----------------|-------------------------|
| Title           | VP, SECRETARY, DIRECTOR |
| Name            | DELPIZZO, MEGAN B       |
| Address         | 9850 ATLANTIC BOULEVARD |
| City-State-Zip: | JACKSONVILLE FL 32225   |

|                 |                         |
|-----------------|-------------------------|
| Title           | VP, TREASURER, DIRECTOR |
| Name            | BUSH, BRIAN J           |
| Address         | 9850 ATLANTIC BOULEVARD |
| City-State-Zip: | JACKSONVILLE FL 32225   |

*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:** JOHN P BUSH

PRESIDENT

03/16/2022

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