

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000076762

**Entity Name:** R.J. TRIPP, INC.

**Current Principal Place of Business:**

2055 EDGEWOOD AVE W  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

2055 EDGEWOOD AVE W  
JACKSONVILLE, FL 32208

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

TRIPP, ROBERT L  
2055 EDGEWOOD AVE W  
JACKSONVILLE, FL 32208 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 P, S  
Name TRIPP, JUDI L  
Address 2055 EDGEWOOD AVE W  
City-State-Zip: JACKSONVILLE FL 32208

Title VP  
Name TRIPP, ROBERT L  
Address 2055 EDGEWOOD AVE W  
City-State-Zip: JACKSONVILLE FL 32208

Title D  
Name TRIPP, ROBERT J  
Address 2055 EDGEWOOD AVE W  
City-State-Zip: JACKSONVILLE FL 32208

*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:** JUDI TRIPP

**PRESIDENT**

**04/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date