## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108590

Entity Name: MILITARY RELOCATION SERVICES, INC.

**Current Principal Place of Business:** 

815 S MAIN ST ATTN: LORI EISCHEN JACKSONVILLE, FL 32207

## **Current Mailing Address:**

PO BOX 48088 ATTN: LORI EISCHEN JACKSONVILLE, FL 32247

FEI Number: 59-3684163 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BARNETT, JAMES G 815 S MAIN ST JACKSONVILLE, FL 32207 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

FILED Apr 20, 2015

**Secretary of State** 

CC0625608054

## Officer/Director Detail:

Title	PRESIDENT	Title	CHAIRMAN

Name KELLY, SCOTT Name SUDDATH, STEPHEN M

Address 815 S MAIN ST Address 815 S MAIN ST

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title VP, DIRECTOR Title VP

Name BARNETT, JAMES G Name WOODALL, DEBORAH

Address 815 S MAIN ST Address 815 S MAIN ST

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

TitleCEO, DIRECTORTitleSECRETARY, DIRECTORNameVAUGHN, BARRY SNameSTRICKLAND, BARBARA S

Address 815 S MAIN ST Address 815 S MAIN ST

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

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.