

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090533

Entity Name: INCEPTURE, INC.**Current Principal Place of Business:**4800 DEERWOOD CAMPUS PKWY
DC8-4
JACKSONVILLE, FL 32246**Current Mailing Address:**4800 DEERWOOD CAMPUS PKWY.
DC8-4
JACKSONVILLE, FL 32246 US**FEI Number:** 59-3720231**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BATEH, SUSAN J
4800 DEERWOOD CAMPUS PKWY, 100-7
JACKSONVILLE, FL 32246 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	CHAIRMAN
Name	HELLER, COREY
Address	4800 DEERWOOD CAMPUS PKWY, DC1-8
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	HARRISON, CAMILLE
Address	4800 DEERWOOD CAMPUS PKWY, DC1-8
City-State-Zip:	JACKSONVILLE FL 32246

Title	TREASURER
Name	TUCKER, SONDRRA
Address	4800 DEERWOOD CAMPUS PKWY, DC1-5
City-State-Zip:	JACKSONVILLE FL 32246

Title	SECRETARY
Name	BATEH, SUSAN J
Address	4800 DEERWOOD CAMPUS PKWY, DC1-7
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	KUAI, PRUDENCE H.
Address	4800 DEERWOOD CAMPUS PKWY., DC1-8
City-State-Zip:	JACKSONVILLE FL 32246

Title	PRESIDENT
Name	RUTH, AMY
Address	4800 DEERWOOD CAMPUS PKWY. DC1-4
City-State-Zip:	JACKSONVILLE FL 32246

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: SUSAN J. BATEH**SECRETARY****01/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date