

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000156647

**Entity Name:** JSP LOGISTICS, INC.

**Current Principal Place of Business:**

2120 LANE AVENUE NORTH  
UNIT B  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

2120 LANE AVENUE NORTH  
UNIT B  
JACKSONVILLE, FL 32254 US

**FEI Number:** 26-1571625

**Certificate of Status Desired:** No

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

PROVOW, JEFFREY S  
2120 LANE AVENUE NORTH  
UNIT B  
JACKSONVILLE, FL 32254 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:** JEFFREY S PROVOW

04/22/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PROVOW, JEFFREY S  
Address 1956 MAKARIOS DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title SECY  
Name BOWENS, WILLIAM R  
Address 11310 ASTON HALL DRIVE  
City-State-Zip: JACKSONVILLE FL 32246

Title TRES  
Name PROVOW, JEFFREY S  
Address 1956 MAKARIOS DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIR  
Name PROVOW, JEFFREY S  
Address 1956 MAKARIOS DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIR  
Name BOWENS, WILLIAM R  
Address 11310 ASTON HALL DRIVE  
City-State-Zip: JACKSONVILLE FL 32246

Title VP  
Name BOWENS, WILLIAM R  
Address 11310 ASTON HALL DRIVE  
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:** JEFFREY S PROVOW

MANAGING PARTNER

04/22/2022

Electronic Signature of Signing Officer/Director Detail

Date