

2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000058193

Entity Name: OLD BLUFF CAPITAL, INC.**Current Principal Place of Business:**569 EDGEWOOD AVE. SOUTH
JACKSONVILLE, FL 32205**Current Mailing Address:**569 EDGEWOOD AVE. SOUTH
JACKSONVILLE, FL 32205**FEI Number:** 26-2825388**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** /S/ MADONNA CUDDIHY, ASSISTANT SECRETARY

09/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MCARTHUR, DONALD W IV
Address 569 EDGEWOOD AVE. SOUTH
City-State-Zip: JACKSONVILLE FL 32205

Title VPD
Name EDWARDS, J ANDREW III
Address 569 EDGEWOOD AVE. SOUTH
City-State-Zip: JACKSONVILLE FL 32205

Title DST
Name WADE, N. G. IV
Address 569 EDGEWOOD AVE. SOUTH
City-State-Zip: JACKSONVILLE FL 32205

Title D
Name MCARTHUR, WILLIAM A JR.
Address 569 EDGEWOOD AVE. SOUTH
City-State-Zip: JACKSONVILLE FL 32205

Title D
Name ODDI, SHERRY H
Address 569 EDGEWOOD AVE. SOUTH
City-State-Zip: JACKSONVILLE FL 32205

Title D
Name JONES, RICHARD JR.
Address 569 EDGEWOOD AVE. SOUTH
City-State-Zip: JACKSONVILLE FL 32205

Title D
Name WADE, JOESPH
Address 569 EDGEWOOD AVE. SOUTH
City-State-Zip: JACKSONVILLE FL 32205

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: DONALD MCARTHUR

PRESIDENT

09/04/2024

Electronic Signature of Signing Officer/Director Detail

Date