

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000057458

**Entity Name:** KJOHN INC.

**Current Principal Place of Business:**

5576-2 TIMUQUANA ROAD  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

5576-2 TIMUQUANA RD  
JACKSONVILLE, FL 32210 US

**FEI Number:** 45-2680484

**Certificate of Status Desired:** No

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

HACKETT, KEVIN  
5576-2 TIMUQUANA RD  
JACKSONVILLE, FL 32210 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            PTSD  
Name            HACKETT, KEVIN  
Address        8208 HIDDEN LAKE DR N  
City-State-Zip: JACKSONVILLE FL 32216

Title            VP  
Name            REID, ROY S  
Address        257 SPARROW BRANCH CIRCLE  
City-State-Zip: ST JOHNS FL 32259

*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:** KEVIN HACKETT

PTSD

02/17/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date