

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000098968

Entity Name: STONEBURNER BERRY PURCELL & CAMPBELL, P.A.**Current Principal Place of Business:**200 W FORSYTH STREET SUITE 1610
JACKSONVILLE, FL 32202**Current Mailing Address:**200 W FORSYTH STREET SUITE 1610
JACKSONVILLE, FL 32202**FEI Number:** 47-2576192**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STONEBURNER, GRESHAM R
200 W. FORSYTH STREET, SUITE 1610
JACKSONVILLE, FL 32202 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 P
Name STONEBURNER, GRESHAM R
Address 4312 PAWNEE STREET
City-State-Zip: JACKSONVILLE FL 32210Title D
Name STONEBURNER, GRESHAM R
Address 4312 PAWNEE STREET
City-State-Zip: JACKSONVILLE FL 32210Title VS/D
Name VANCE BERRY, JAMES I JR.
Address 113 LINKSIDE CIRCLE
City-State-Zip: PONTE VEDRA BCH FL 32082Title VT/D
Name PURCELL, JAMES L JR
Address 108 MAIDEN TERRACE
City-State-Zip: PONTE VEDRA FL 32081Title DIRECTOR
Name CAMPBELL, NICHOLAS A
Address 608 2ND STREET SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

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: GRESHAM R STONEBURNER

PRESIDENT

02/11/2019

Electronic Signature of Signing Officer/Director Detail_____
Date