

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000002853

**Entity Name:** 6TH AVENUE NORTH ENTERPRISES, INC.

**Current Principal Place of Business:**

102 6TH AVE N  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

PO BOX 49056  
JACKSONVILLE BEACH, FL 32240 US

**FEI Number:** 81-0848383

**Certificate of Status Desired:** No

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

MACFERRAN, DANIEL  
102 6TH AVE N  
JACKSONVILLE BEACH, FL 32250 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 D  
Name MACFERRAN, DANIEL  
Address 34 26 AVE S  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title OFFICER  
Name VAYHINGER, DARRAN  
Address 24489 HARBOUR VIEW DR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title OFFICER  
Name BERRY, MICHAEL  
Address 529 MARGARET ST.  
City-State-Zip: NEPTUNE BEACH FL 32266

Title OFFICER  
Name WHITMIRE, ROB  
Address 1129 OWEN AVENUE  
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:** DANIEL MACFERRAN

**DIRECTOR**

**01/21/2020**

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

\_\_\_\_\_  
Date