

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000019175

**Entity Name:** TUF JAX BEACH, INC.**Current Principal Place of Business:**1500 BEACH BLVD  
UNIT 116  
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**1500 BEACH BLVD  
UNIT 116  
JACKSONVILLE BEACH, FL 32250 US**FEI Number:** 81-1696730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TITANUP FITNESS INC  
1500 BEACH BLVD  
UNIT 116  
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           | PRESIDENT                             |
| Name            | DECKER, ANDREW                        |
| Address         | 12780 ELLIS ISLAND DRIVE<br>UNIT 117A |
| City-State-Zip: | JACKSONVILLE FL 32224                 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | VP                          |
| Name            | MCCRARY, MARK L             |
| Address         | 113 8TH AVENUE SOUTH        |
| City-State-Zip: | JACKSONVILLE BEACH FL 32250 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | TREASURER                   |
| Name            | MCCRARY, DABNI              |
| Address         | 113 8TH AVE S               |
| 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:** DABNI MCCRARY**TREASURER****04/25/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date