

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000031712

Entity Name: PURCELL, FLANAGAN, HAY & GREENE, P.A.**Current Principal Place of Business:**1548 LANCASTER TERR.
JACKSONVILLE, FL 32204**Current Mailing Address:**1548 LANCASTER TERR.
JACKSONVILLE, FL 32204**FEI Number: 59-3371438****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FISHBURNE, JOHN I III
1548 LANCASTER TERR.
JACKSONVILLE, FL 32204 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: JOHN I. FISHBURNE, III****01/16/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, D
Name FLANAGAN, TIMOTHY L
Address 1548 LANCASTER TERR.
City-State-Zip: JACKSONVILLE FL 32204

Title VP, T, D
Name HAY, JONATHAN L
Address 1548 LANCASTER TERR.
City-State-Zip: JACKSONVILLE FL 32204

Title VP, S, D
Name FISHBURNE, JOHN I III
Address 1548 LANCASTER TERR.
City-State-Zip: JACKSONVILLE FL 32204

Title VP, D
Name GREENE, CHRISTOPHER J
Address 1548 LANCASTER TERRACE
City-State-Zip: JACKSONVILLE FL 32204

Title VP, D
Name TRUDEAU, ROBERT H.
Address 1548 LANCASTER TERR.
City-State-Zip: JACKSONVILLE FL 32204

Title VP, DIRECTOR
Name HERSHORIN, BRIAN J.
Address 1548 LANCASTER TERR.
City-State-Zip: JACKSONVILLE FL 32204

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: TIMOTHY L. FLANAGAN**PRESIDENT****01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date