|  |   |  | Certificate of Status Desired | : res                      |      |  |
|--|---|--|-------------------------------|----------------------------|------|--|
| Name and Address of Current Registered Agent:  |   |  |                               |                            |      |  |
|  | RAWN, JOHN D<br>3848 162ND DRIVE NORTH<br>LOXAHATCHEE GROVES, FL 33470 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   | PD                                       | Title                         | S                          |      |  |
|  | Name  | RAWN, JOHN                               | Name                          | RAWN, BONNIE J             |      |  |
|  | Address   | 3848 162ND DRIVE NORTH                   | Address                       | 3848 162ND DRIVE NORTH     |      |  |
|  | City-State-Zip:   | LOXAHATCHEE GROVES FL 33470              | City-State-Zip:               | LOXAHATCHEE GROVES FL 3347 | 0    |  |
|  | Title<br>Name   | VP<br>RAWN, JACK D                       |                               |                            |      |  |
|  | Address   | 3848 162ND DRIVE NORTH                   |                               |                            |      |  |
|  |   |  |                               |                            |      |  |

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: JOHN RAWN

Electronic Signature of Signing Officer/Director Detail

Entity Name: J. RAWN ENTERPRISES, INC.

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT** 

**Current Principal Place of Business:** 3848 162ND DRIVE NORTH

LOXAHATCHEE GROVES. FL 33470

DOCUMENT# P96000081723

## **Current Mailing Address:**

3848 162ND DRIVE NORTH LOXAHATCHEE GROVES. FL 33470 US

City-State-Zip: LOXAHATCHEE GROVES FL 33470

## FEI Number: 65-0697117

## Nar

FILED Feb 11, 2019 **Secretary of State** 4740669125CC

Certificate of Status Desired: Yes

02/11/2019 Date

PD