

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000016912

**Entity Name:** LEGACY BUILDERS OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

9957 MOORINGS DR  
SUITE 504  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

9957 MOORINGS DR  
SUITE 504  
JACKSONVILLE, FL 32257 US

**FEI Number:** 59-3429018

**Certificate of Status Desired:** No

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

UNKEFER, R J  
9957 MOORINGS DR  
SUITE 504  
JACKSONVILLE, FL 32257 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 PSTD  
Name UNKEFER, R J  
Address 1101 AVONDALE PLACE  
City-State-Zip: ST JOHNS FL 32259

*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:** R J UNKEFER

PSTD

02/20/2017

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

\_\_\_\_\_  
Date