

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000017965

Entity Name: MAYPORT ORCHID TRACE, INC.

Current Principal Place of Business:

509 ORCHID STREET
ATLANTIC BEACH, FL 32233

Current Mailing Address:

509 ORCHID STREET
ATLANTIC BEACH, FL 32233 US

FEI Number: 59-3495482

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAWYER, CHANDRA R
509 ORCHID STREET
ATLANTIC BEACH, FL 32233 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: CHANDRA SAWYER

03/28/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name ALLIGOOD, BOB
Address 13698 BROMLEY POINT DRIVE
City-State-Zip: JACKSONVILLE FL 32225

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: BOB ALLIGOOD

DIRECTOR

03/28/2015

Electronic Signature of Signing Officer/Director Detail

Date