

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000023139

**Entity Name:** GILL DIVERSIFIED SERVICES, INC.

**Current Principal Place of Business:**

9561 BEAUCLERC COVE RF  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

9561 BEAUCLERC COVE RF  
JACKSONVILLE, FL 32257 US

**FEI Number:** 59-3571329

**Certificate of Status Desired:** No

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

MCQUAIG, DAVID H  
4745 SUTTON PARK CT  
JACKSONVILLE, FL 32224 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  
Name GILL, DARLENE  
Address 9561 BEAUCLERC COVE RD  
City-State-Zip: JACKSONVILLE FL 32257

Title STD  
Name GILL, JAMES M  
Address 9561 BEAUCLERC COVE RD  
City-State-Zip: JACKSONVILLE FL 32257

Title VPD  
Name GILL-SAUNDERS, TOBI ANN  
Address 1007 SOUIH BANK WAY  
City-State-Zip: ST JOHNS FL 32259

Title D  
Name GILL, THOMAS J  
Address 10429 OSPREY NEST DR W  
City-State-Zip: JACKSONVILLE FL 32257

*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:** JAMES M GILL

ST

04/16/2016

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

\_\_\_\_\_  
Date