

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002594

**Entity Name:** BKFS 1 MANAGEMENT, INC.

**Current Principal Place of Business:**

601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**FEI Number:** 80-0964687

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SD  
Name GRAVELLE, MICHAEL L  
Address 601 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

Title P, CFO  
Name LARSEN, KIRK T  
Address 601 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

Title T  
Name MURPHY, DANIEL K  
Address 601 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

Title ASST. SECRETARY  
Name JOHNSON, APRIL L  
Address 601 RIVERSIDE AVENUE  
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:** APRIL L JOHNSON

**ASST CORP SECRETARY 04/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date