

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 203719

Entity Name: LOUIS WOHL & SONS, INC.**Current Principal Place of Business:**11101 N 46TH ST.
TAMPA, FL 33617**Current Mailing Address:**11101 N 46TH ST.
TAMPA, FL 33617 US**FEI Number:** 59-0806009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CEO, AUTHORIZED SIGNATORY
Name WHYTE, IAIN
Address 11101 N 46TH ST.
City-State-Zip: TAMPA FL 33617

Title CFO, AUTHORIZED SIGNATORY
Name KEARNEY, MARGARET
Address 11101 N 46TH ST.
City-State-Zip: TAMPA FL 33617

Title COO, AUTHORIZED SIGNATORY
(CONTRACTS)
Name MUDRA, JOHN
Address 11101 N 46TH ST.
City-State-Zip: TAMPA FL 33617

Title CHAIRMAN, AUTHORIZED
SIGNATORY
Name GROSS, JORGE A JR
Address 550 S. DIXIE HWY #300
City-State-Zip: CORAL GABLES FL 33146-2701

Title EXECUTIVE VP, AUTHORIZED
SIGNATORY
Name TEMPLETON, TROY D
Address 550 S. DIXIE HWY #300
City-State-Zip: CORAL GABLES FL 33146-2701

Title SECRETARY, AUTHORIZED
SIGNATORY
Name GERSHMAN, DAVID
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146

Title ASSISTANT SECRETARY
Name CALDERON, MICHELSA
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146-2701

Title DESIGN PRINCIPAL IFDT,
AUTHORIZED SIGNATORY
(CONTRACTS)
Name TRUJILLO, TIM
Address 11101 N 46TH ST.
City-State-Zip: TAMPA FL 33617

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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: MICHELSA CALDERON**ASSISTANT SECRETARY 04/15/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	AUTHORIZED SIGNATORY (CONTRACTS)
Name	STANFORD , CAROL
Address	11101 N 46TH ST.
City-State-Zip:	TAMPA FL 33617