

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 586909

**Entity Name:** FISHER, TOUSEY, LEAS & BALL, P.A.

**Current Principal Place of Business:**

501 RIVERSIDE AVENUE  
SUITE 600  
JACKSONVILLE, FL 32202

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**9337286029CC**

**Current Mailing Address:**

501 RIVERSIDE AVENUE  
SUITE 600  
JACKSONVILLE, FL 32202 US

**FEI Number: 59-1851349**

**Certificate of Status Desired: No**

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

ROSS, TREVOR R  
501 RIVERSIDE AVENUE  
SUITE 600  
JACKSONVILLE, FL 32202 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: TREVOR R ROSS**

**04/30/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name FISHER, MICHAEL W  
Address 501 RIVERSIDE AVENUE, SUITE 600  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name TOUSEY, CLAY B JR.  
Address 501 RIVERSIDE AVENUE, SUITE 600  
City-State-Zip: JACKSONVILLE FL 32202

Title VP, TREASURER  
Name LEAS, MICHAEL R  
Address 501 RIVERSIDE AVENUE, SUITE 600  
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT  
Name FURTICK, BEVERLY H  
Address 501 RIVERSIDE AVENUE, SUITE 600  
City-State-Zip: JACKSONVILLE FL 32202

Title VP, SECRETARY  
Name ROBISON, MARY A  
Address 501 RIVERSIDE AVENUE, SUITE 600  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name DAWKINS, ROBERT A.  
Address 501 RIVERSIDE AVENUE  
SUITE 600  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name LAWLOR, JOHN E III  
Address 501 RIVERSIDE AVENUE  
SUITE 600  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name MILLER, ROBERT N  
Address 501 RIVERSIDE AVENUE  
SUITE 600  
City-State-Zip: JACKSONVILLE FL 32202

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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: MARVIN C KLOEPEL**

**VICE PRESIDENT**

**04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name TOUSEY, CLAY B III  
Address 501 RIVERSIDE AVENUE  
SUITE 600  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name MANNERS, KATEENA E  
Address 501 RIVERSIDE AVENUE  
SUITE 600  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name BONNETTE, HARRIS L JR  
Address 501 RIVERSIDE AVENUE  
SUITE 600  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name KLOEPEL, MARVIN C  
Address 501 RIVERSIDE AVENUE  
SUITE 600  
City-State-Zip: JACKSONVILLE FL 32202