

2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 654143

Entity Name: FLAD & ASSOCIATES OF FLORIDA, INC.**Current Principal Place of Business:**4010 BOY SCOUT BLVD
SUITE 155
TAMPA, FL 33607**Current Mailing Address:**P.O. BOX 5620
MADISON, WI 53705**FEI Number:** 39-1346633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
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	SECRETARY
Name	PETERSON, MICHAEL C
Address	PO BOX 5620
City-State-Zip:	MADISON WI 53705

Title	D, VP
Name	ZUTZ, JEFF C
Address	644 SCIENCE DRIVE
City-State-Zip:	MADISON WI 53711

Title	ASST. SECRETARY
Name	SHEA, KEVIN G
Address	PO BOX 5620
City-State-Zip:	MADISON WI 53705

Title	PRES
Name	BULA, WILLIAM
Address	644 SCIENCE DR
City-State-Zip:	MADISON WI 53711

Title	TREASURER
Name	POPPEN, MITCHELL D
Address	PO BOX 5620
City-State-Zip:	MADISON WI 53705

Title	VP
Name	CHRISTIAN, CEDRIC
Address	1310 SW 13TH ST. UNIT C
City-State-Zip:	GAINESVILLE FL 32601

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: KEVIN G. SHEA**ASSISTANT SECRETARY** 11/24/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date