

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654143

Entity Name: FLAD & ASSOCIATES OF FLORIDA, INC.**Current Principal Place of Business:**2202 N. WESTSHORE BLVD
STE 125
TAMPA, FL 33607**Current Mailing Address:**P.O. BOX 5620
MADISON, WI 53705 US**FEI Number:** 39-1346633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
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 D, PRESIDENT

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 TREASURER

Name POPPEN, MITCHELL D

Address PO BOX 5620

City-State-Zip: MADISON WI 53705

Title VP, DIRECTOR

Name JACKSON, STEVEN

Address 1310 SW 13TH ST.
UNIT C

City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR

Name BAUCH, JOHN

Address 644 SCIENCE DRIVE

City-State-Zip: MADISON WI 53711

Title VICE PRESIDENT OF LANDSCAPE
ARCHITECTURE

Name AXNESS, CODY

Address 644 SCIENCE DRIVE

City-State-Zip: MADISON WI 53711

Title SECRETARY

Name HENSHUE, KATHRYN

Address PO BOX 5620

City-State-Zip: MADISON WI 53705

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: KATHRYN HENSHUE**SECRETARY****04/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date