

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654143

Entity Name: FLAD & ASSOCIATES OF FLORIDA, INC.**Current Principal Place of Business:**5411 SKYCENTER DRIVE
STE 220
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	PRESIDENT, DIRECTOR
Name	ZUTZ, JEFFREY C
Address	644 SCIENCE DRIVE
City-State-Zip:	MADISON WI 53711

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

Title	VP, DIRECTOR
Name	JACKSON, STEVEN R
Address	1310 SW 13TH ST. UNIT C
City-State-Zip:	GAINESVILLE FL 32601

Title	DIRECTOR
Name	BAUCH, JOHN O
Address	644 SCIENCE DRIVE
City-State-Zip:	MADISON WI 53711

Title	SECRETARY
Name	HENSHUE, KATHRYN L
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 L. HENSHUE**SECRETARY****03/10/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date