

**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