

2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 654143

Entity Name: FLAD & ASSOCIATES OF FLORIDA, INC.**Current Principal Place of Business:**5542 AIRPORT SERVICE ROAD
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 53711Title TREASURER
Name POPPEN, MITCHELL D
Address PO BOX 5620
City-State-Zip: MADISON WI 53705Title VP, DIRECTOR
Name JACKSON, STEVEN R
Address 1310 SW 13TH ST.
 UNIT C
City-State-Zip: GAINESVILLE FL 32601Title DIRECTOR
Name BAUCH, JOHN O
Address 644 SCIENCE DRIVE
City-State-Zip: MADISON WI 53711Title 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 HENSHUE**SECRETARY****10/13/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date