

**2024 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:**PO 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	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	SECRETARY, DIRECTOR
Name	HENSHUE, KATHRYN L
Address	PO BOX 5620
City-State-Zip:	MADISON WI 53705

Title	PRESIDENT, DIRECTOR
Name	SEREBIN, LAURA S
Address	644 SCIENCE DR
City-State-Zip:	MADISON WI 53711

Title	VP, DIRECTOR
Name	CUNNINGHAM, ANDREW J
Address	650 CALIFORNIA STREET 17TH FLOOR
City-State-Zip:	SAN FRANCISCO CA 94108

Title	DIRECTOR
Name	MUMMERT, CHARLES
Address	555 FAYETTEVILLE ST STE 400
City-State-Zip:	RALEIGH NC 27601

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****01/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date