

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 692612

**Entity Name:** KOOGLER AND ASSOCIATES, INC.**Current Principal Place of Business:**4014 NW 13TH ST.  
GAINESVILLE, FL 32609-1923**Current Mailing Address:**PO BOX 5127  
GAINESVILLE, FL 32627-5127 US**FEI Number:** 59-2106049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEE, MAXWELL RP  
2920 NW 29TH STREET  
GAINESVILLE, FL 32605 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           | PD                   |
| Name            | LEE, MAXWELL R PHD   |
| Address         | 2920 NW 29TH STREET  |
| City-State-Zip: | GAINESVILLE FL 32605 |

|                 |                      |
|-----------------|----------------------|
| Title           | VPD                  |
| Name            | KOOGLER, JOHN B. PHD |
| Address         | 2240 NW 7TH LANE     |
| City-State-Zip: | GAINESVILLE FL 32603 |

|                 |                        |
|-----------------|------------------------|
| Title           | VP/D                   |
| Name            | ULMER, KYLE G          |
| Address         | 8801 SW 45TH BOULEVARD |
| City-State-Zip: | GAINESVILLE FL 32608   |

|                 |                      |
|-----------------|----------------------|
| Title           | S/T                  |
| Name            | HASKO, KIM S         |
| Address         | 2210 NW 28TH STREET  |
| City-State-Zip: | GAINESVILLE FL 32605 |

|                 |                            |
|-----------------|----------------------------|
| Title           | VP/D                       |
| Name            | SGRO, VERONICA N.          |
| Address         | 3628 LIVE OAK HOLLOW DRIVE |
| City-State-Zip: | ORANGE PARK FL 32065       |

*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:** KIM HASKO

S/T

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date