## **2021 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 4014 NW 13TH ST.

GAINESVILLE, FL 32609-1923 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

FILED Feb 09, 2021

**Secretary of State** 

7801370327CC

Officer/Director Detail:

Title PD Title VPD

Name LEE, MAXWELL R PHD Name KOOGLER, JOHN B. PHD

Address 2920 NW 29TH STREET Address 4014 NW 13TH ST.

City-State-Zip: GAINESVILLE FL 32605 City-State-Zip: GAINESVILLE FL 32609-1923

Title VP/D Title S/T

Name ULMER, KYLE G Name HASKO, KIM S

Address 8801 SW 45TH BOULEVARD Address 3811 NW 38TH ST

City-State-Zip: GAINESVILLE FL 32608 City-State-Zip: GAINESVILLE FL 32606

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 S. HASKO

Electronic Signature of Signing Officer/Director Detail

SECRETARY/TREASURER 02/09/2021

Date