

**2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L90606

**Entity Name:** PRENTICE THOMAS & ASSOCIATES, INC.

**Current Principal Place of Business:**

425 E HOLLYWOOD BLVD  
SUITE D  
MARY ESTHER, FL 32569

**Current Mailing Address:**

425 E HOLLYWOOD BLVD  
SUITE D  
MARY ESTHER, FL 32569

**FEI Number: 59-3027557**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THOMAS, JR, PRENTICE M  
35 BAY DRIVE, NE  
FORT WALTON BEACH, FL 32548 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  
Name            CAMPBELL, LOUISE J  
Address        35 BAY DRIVE NE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title            CEO  
Name            THOMAS, PRENTICE M JR.  
Address        35 BAY DRIVE NE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title            SECRETARY  
Name            BRANNON, SHANNON NOEL  
Address        42 OREGON DRIVE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title            TREASURER  
Name            MOUNTJOY, NATHAN  
Address        1409 WEST HIGHWAY 98  
City-State-Zip: MARY ESTHER FL 32569

Title            VP  
Name            NASH, AMY MICHELLE  
Address        1409 WEST HIGHWAY 98  
City-State-Zip: MARY ESTHER FL 32569

Title            OFFICER  
Name            THOMAS, CHARLES  
Address        330 BLUEFISH DRIVE  
                  APT. 212  
City-State-Zip: FORT WALTON BEACH FL 32548

Title            OFFICER  
Name            DUDLEY, ERIK NIK  
Address        17-B MAGNOLIA AVENUE  
City-State-Zip: FORT WALTON BEACH FL 32548

*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: RENEE WAGNER**

**ACCOUNTS MANAGER**

**06/18/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date