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: KIMBERLY T. RYAN

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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:

**Officer/Director Detail :** Р Title VP Title Name RYAN, THOMAS M Name RYAN, KIMBERLY T Address 8 MC MILLAN ST Address 8 MC MILLAN ST City-State-Zip: SAINT AUGUSTINE FL 32084 City-State-Zip: SAINT AUGUSTINE FL 32084

#### **Current Principal Place of Business:** 8 MC MILLAN ST SAINT AUGUSTINE, FL 32084

Entity Name: AMPERSAND INDUSTRIES, INC

#### **Current Mailing Address:**

DOCUMENT# P21000057253

8 MC MILLAN ST SAINT AUGUSTINE, FL 32084 UN

### FEI Number: 87-1264818

## Name and Address of Current Registered Agent:

RYAN, THOMAS M 8 MC MILLAN ST SAINT AUGUSTINE, FL 32084 US

2024	<b>FLORIDA</b>	PROFIT	CORPOR	ATION A	NNUAL	REPORT

# FILED Apr 14, 2024 Secretary of State 5397116903CC

Date

Certificate of Status Desired: No

04/14/2024

Date

VICE PRESIDENT