

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000050414

**Entity Name:** COGISTICS, INC.**Current Principal Place of Business:**2485 DRANE FIELD RD  
LAKELAND, FL 33811**Current Mailing Address:**2485 DRANE FIELD RD  
LAKELAND, FL 33811 US**FEI Number:** 38-2971655**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OBERHOFER, RAYMOND A  
2485 DRANE FIELD RD  
LAKELAND, FL 33811 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           | TREASURER, SECRETARY,<br>DIRECTOR |
| Name            | OBERHOFER, RAYMOND A              |
| Address         | 795 WHISPER WOODS DRIVE           |
| City-State-Zip: | LAKELAND FL 33813                 |

|                 |                    |
|-----------------|--------------------|
| Title           | VP, DIRECTOR       |
| Name            | OBERHOFER, JOHN C  |
| Address         | 5071 WINDOVER LANE |
| City-State-Zip: | LAKELAND FL 33813  |

|                 |                              |
|-----------------|------------------------------|
| Title           | DIRECTOR                     |
| Name            | LESLIE, CATHY L              |
| Address         | 5219 HIGHLANDS LAKEVIEW LOOP |
| City-State-Zip: | LAKELAND FL 33812            |

|                 |                         |
|-----------------|-------------------------|
| Title           | PRESIDENT, DIRECTOR     |
| Name            | OBERHOFER, MARIE        |
| Address         | 795 WHISPER WOODS DRIVE |
| City-State-Zip: | LAKELAND FL 33813       |

|                 |                        |
|-----------------|------------------------|
| Title           | VP, DIRECTOR           |
| Name            | BERQUIST, ROBERT       |
| Address         | 515 QUAIL HOLLOW COURT |
| City-State-Zip: | LAKELAND FL 33813      |

|                 |                           |
|-----------------|---------------------------|
| Title           | DIRECTOR                  |
| Name            | SCHAAL, LISA M            |
| Address         | 6870 CRESCENT OAKS CIRCLE |
| City-State-Zip: | LAKELAND FL 33813         |

*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:** RAYMOND A OBERHOFER**SEC/TRES****02/25/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date