

2019 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, 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**TREASURER,
SECRETARY****01/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date