## 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: TONY C. BENTON

Electronic Signature of Signing Officer/Director Detail

## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT **DOCUMENT# 432009**

Entity Name: SPERRY & ASSOCIATES, INC.

## **Current Principal Place of Business:**

4495 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303

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

4495 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303 US

### FEI Number: 59-1481055

## Name and Address of Current Registered Agent:

BENTON, TONY C 1262 AARON ROAD CRAWFORDVILLE, FL 32327 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

#### Office

Title	Ρ	Title	EVPS
Name	BENTON, TONY C.	Name	WELLS, BARTLETT C.
Address	1262 AARON ROAD	Address	339 MILESTONE DR
City-State-Zip:	CRAWFORDVILLE FL 32327	City-State-Zip:	TALLAHASSEE FL 32312

er/Director Detail :				
	P	Title	EVPS	
	BENTON, TONY C.	Name	WELLS, BARTLETT C.	
SS	1262 AARON ROAD	Address	339 MILESTONE DR	

PRESIDENT

01/25/2018 Date

# FILED Jan 25, 2018 Secretary of State CC6286939989

Date

Certificate of Status Desired: Yes