Number: 59-1481055	Certificate of Status I
ne and Address of Current Registered Agent:	
/DEN, GARVIN B THOMASWOOD DRIVE AHASSEE, FL 32308 US	
bove named entity submits this statement for the purpose of changing its registered office o	r registered agent, or both, in the State
NATURE: GARVIN B. BOWDEN	

2025 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 N

## Nam

BOWE 1300 TALLA

The ab e of Florida.

SIGNATURE	E: GARVIN B. BOWDEN			02/26/2025		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PRESIDENT	Title	DIRECTOR OF OPERATIONS			
Name	WELLS, BARTLETT C.	Name	EDWARDS, MATT			
Address	4495 CAPITAL CIRCLE NW	Address	4495 CAPITAL CIRCLE NW			
City-State-Zip:	TALLAHASSEE FL 32303	City-State-Zip:	TALLAHASSEE FL 32303			
Title	DIRECTOR OF CONSTRUCTION					
Name	WELLS, CLAYTON					
Address	4495 CAPITAL CIRCLE NW					
City-State-Zip:	TALLAHASSEE FL 32303					

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: BARTLETT WELLS

PRESIDENT

02/26/2025

Electronic Signature of Signing Officer/Director Detail

Desired: No