

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 475363

**Entity Name:** WILLIAM H. COLEMAN, INC.

**Current Principal Place of Business:**

301 W. BAY STREET  
SUITE 1446  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

PO BOX 6391  
JACKSONVILLE, FL 32236-6391 US

**FEI Number:** 59-1616836

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ROBIN, CUEVAS MICHELLE  
11345 PANTHER CREEK PARKWAY  
JACKSONVILLE, FL 32221 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:** ROBIN M. CUEVAS

01/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title FOUNDER  
Name COLEMAN, WILLIAM HENRY  
Address 3454 FITCH STREET  
City-State-Zip: JACKSONVILLE FL 32205

Title PRESIDENT AND CEO  
Name CUEVAS, MANUEL  
Address 11345 PANTHER CREEK PARKWAY  
City-State-Zip: JACKSONVILLE FL 32221

Title CFO  
Name FLESCHE, CHRISTINA KAY  
Address 702 FAIRFIELD ROAD  
City-State-Zip: PORT BYRON IL 61275

Title VP  
Name CUEVAS, ROBIN MICHELLE  
Address 11345 PANTHER CREEK PARKWAY  
City-State-Zip: JACKSONVILLE FL 32221

*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:** MANUEL CUEVAS

PRESIDENT & CEO

01/05/2023

Electronic Signature of Signing Officer/Director Detail

Date