

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95128

Entity Name: BROOKS, LEOEUF, FOSTER, GWARTNEY, LEACE & HOBBS,
P.A.**FILED**
Feb 01, 2022
Secretary of State
4469168794CC**Current Principal Place of Business:**909 EAST PARK AVENUE
TALLAHASSEE, FL 32301**Current Mailing Address:**909 EAST PARK AVENUE
TALLAHASSEE, FL 32301**FEI Number: 59-2851636****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LEBOEUF, DEAN R
909 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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	P
Name	LEBOEUF, DEAN
Address	909 EAST PARK AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

Title	S
Name	FOSTER, MATTHEW
Address	909 EAST PARK AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

Title	T
Name	GWARTNEY, SCOTT
Address	909 EAST PARK AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	LEACE, JOHN
Address	909 EAST PARK AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	HOBBS, RYAN
Address	909 EAST PARK AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

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: JOE REICHERT**ADMINISTRATOR****02/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date