

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000082555

**Entity Name:** JOHNSON, CASSIDY, NEWLON & DECORT, P.A.**Current Principal Place of Business:**2802 N HOWARD AVENUE  
TAMPA, FL 33607**Current Mailing Address:**2802 N HOWARD AVENUE  
TAMPA, FL 33607 US**FEI Number:** 46-3877303**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASSIDY, WILLIAM P JR.  
2802 N HOWARD AVENUE  
TAMPA, FL 33607 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	PRESIDENT, DIRECTOR
Name	CASSIDY, WILLIAM P JR.
Address	2802 N HOWARD AVENUE
City-State-Zip:	TAMPA FL 33607

Title	VP, DIRECTOR
Name	JOHNSON, JOHN E
Address	2802 N HOWARD AVENUE
City-State-Zip:	TAMPA FL 33607

Title	VP, DIRECTOR
Name	NEWLON, NICOLE D
Address	2802 N HOWARD AVENUE
City-State-Zip:	TAMPA FL 33607

Title	VP, DIRECTOR
Name	DECORT, CHRISTOPHER L
Address	2802 N HOWARD AVENUE
City-State-Zip:	TAMPA FL 33607

*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:** JOHN E. JOHNSON

VP, D

02/15/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date