

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000089316

**Entity Name:** ESTES, INGRAM, FOELS & GIBBS, P.A.

**Current Principal Place of Business:**

2600 LAKE LUCIEN DRIVE  
SUITE 330  
MAITLAND, FL 32751

**Current Mailing Address:**

2600 LAKE LUCIEN DRIVE  
SUITE 330  
MAITLAND, FL 32751 US

**FEI Number:** 59-3407579

**Certificate of Status Desired:** No

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

INGRAM, J. CHARLES  
2600 LAKE LUCIEN DRIVE  
SUITE 330  
MAITLAND, FL 32751 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 PD  
Name INGRAM, J. CHARLES  
Address 2600 LAKE LUCIEN DRIVE  
SUITE 330  
City-State-Zip: MAITLAND FL 32751

Title VPD  
Name FOELS, CRAIG S.  
Address 2600 LAKE LUCIEN DRIVE  
SUITE 330  
City-State-Zip: MAITLAND FL 32751

Title VPD  
Name GIBBS, ERIC P.  
Address 2600 LAKE LUCIEN DRIVE  
SUITE 330  
City-State-Zip: MAITLAND FL 32751

Title STD  
Name WILLIAMS, CLAYTON M.  
Address 2600 LAKE LUCIEN DRIVE  
SUITE 330  
City-State-Zip: MAITLAND FL 32751

*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:** J. CHARLES INGRAM

**PRESIDENT/DIRECTOR**

**02/22/2024**

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

\_\_\_\_\_  
Date