

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046412

Entity Name: SUPERIOR GROUP OF COMPANIES, INC.**Current Principal Place of Business:**200 CENTRAL AVENUE
SUITE 2000
ST. PETERSBURG, FL 33701**Current Mailing Address:**200 CENTRAL AVENUE
SUITE 2000
ST. PETERSBURG, FL 33701 US**FEI Number: 11-1385670****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 SECRETARY
Name ALPERT, JORDAN M.
Address 10055 SEMINOLE BLVD
City-State-Zip: SEMINOLE FL 33772Title DIRECTOR
Name BENSTOCK, MICHAEL
Address 10055 SEMINOLE BLVD
City-State-Zip: SEMINOLE FL 33772Title DIRECTOR
Name DEMOTT, ANDREW D. JR.
Address 10055 SEMINOLE BLVD
City-State-Zip: SEMINOLE FL 33772Title DIRECTOR
Name FIELDS, VENITA
Address 10055 SEMINOLE BLVD
City-State-Zip: SEMINOLE FL 33772Title DIRECTOR
Name HENSLEY, ROBIN
Address 10055 SEMINOLE BLVD
City-State-Zip: SEMINOLE FL 33772Title TREASURER
Name IRVIN, BRYAN
Address 200 CENTRAL AVENUE
SUITE 2000
City-State-Zip: ST. PETERSBURG FL 33701Title DIRECTOR
Name MELLINI, PAUL
Address 10055 SEMINOLE BLVD
City-State-Zip: SEMINOLE FL 33772Title DIRECTOR
Name SEIGEL, TODD
Address 200 CENTRAL AVENUE
SUITE 2000
City-State-Zip: ST. PETERSBURG FL 33701

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: JORDAN M. ALPERT**SECRETARY****03/07/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date