

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100296

Entity Name: HASKELL ARCHITECTS AND ENGINEERS, P.A.**Current Principal Place of Business:**111 RIVERSIDE AVENUE
JACKSONVILLE, FL 32202**Current Mailing Address:**111 RIVERSIDE AVENUE
JACKSONVILLE, FL 32202**FEI Number:** 59-3545494**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET STE 4
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	PD
Name	MANGIN, FRANCIS P
Address	111 RIVERSIDE AVENUE
City-State-Zip:	JACKSONVILLE FL 32202

Title	VPD
Name	RAMSEY, DENISE M
Address	111 RIVERSIDE AVENUE
City-State-Zip:	JACKSONVILLE FL 32202

Title	SD
Name	WILSON, WILLIAM A.
Address	111 RIVERSIDE AVENUE
City-State-Zip:	JACKSONVILLE FL 32202

Title	VPD
Name	SKIRBST, PETER H
Address	111 RIVERSIDE AVENUE
City-State-Zip:	JACKSONVILLE FL 32292

Title	VP
Name	LYCKE, ERIC
Address	111 RIVERSIDE AVENUE
City-State-Zip:	JACKSONVILLE FL 32202

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: FRANCIS MANGIN**PRESIDENT****03/09/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date