

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V06132

Entity Name: POOLE ENGINEERING & SURVEYING, INC.**Current Principal Place of Business:**2145 DELTA BLVD
SUITE 100
TALLAHASSEE, FL 32303**Current Mailing Address:**2145 DELTA BLVD
SUITE 100
TALLAHASSEE, FL 32303 US**FEI Number:** 59-3109205**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KIM L. LEE
2145 DELTA BLVD, SUITE 100
TALLAHASSEE, FL 32303 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	PRES
Name	LEE, KIM L.
Address	2145 DELTA BLVD, SUITE 100
City-State-Zip:	TALLAHASSEE FL 32303

Title	VP/D
Name	POOLE, CHERYL L.
Address	2145 DELTA BLVD, SUITE 100
City-State-Zip:	TALLAHASSEE FL 32303

Title	VP, SURVEYING
Name	KERI, JAY ALAN
Address	2145 DELTA BLVD SUITE 100
City-State-Zip:	TALLAHASSEE FL 32303

Title	VP
Name	POOLE, BRANDON L
Address	2145 DELTA BLVD, 100
City-State-Zip:	TALLAHASSEE FL 32303

Title	VP
Name	POOLE, CHASEN W
Address	2145 DELTA BLVD 100
City-State-Zip:	TALLAHASSEE FL 32303

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: KIM L. LEE**PRESIDENT****03/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date