

2024 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:** No**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 |

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

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

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

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|-----------------|------------------------|
| 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****02/08/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date