FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 25 PM 3:22

DOCUMENT # 009540 (6)

1. Corporation Name
LONCALA, INCORPORATED

Principal Place of Business	Mailing Address
125 N. W. 1ST AVENUE HIGH SPRINGS FL 32643	125 N. W. 1ST AVENUE HIGH SPRINGS FL 32643

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/12/1920	3a. Date of Last Report: 01/24/1994
2. Principal Place of Business 21	2a. Mailing Address 26: P. O. Box 766
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30
4. FEI Number: 59-0336130	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

OLMERT, BRYAN J
125 N. W. 1ST AVE.
HIGH SPRINGS FL 32643-0766

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	OLMERT, BRYAN J	1.2 NAME		
STREET ADDRESS	125 N W 1ST AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS, FL 00000	1.4 CITY-ST-ZIP		
TITLE	AS	2.1 TITLE		☐ Change ☐ Addition
NAME	ELLIS, GWEN D.	2.2 NAME		
STREET ADDRESS	125 N W 1ST AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS, FL 00000	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HILL, J H	3.2 NAME		
STREET ADDRESS	125 N W 1ST AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS, FL 00000	3.4 CITY-ST-ZIP		
TITLE	DV	4.1 TITLE		☐ Change ☐ Addition
NAME	KRIM, FRED J	4.2 NAME		
STREET ADDRESS	121 N W 3RD ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 00000	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	SD	☐ Change ☒ Addition
NAME		5.2 NAME	David R. Redding, Jr.	
STREET ADDRESS		5.3 STREET ADDRESS	125 NW 1st Avenue	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	High Springs, FL 32643-0766	
TITLE		6.1 TITLE	T	☐ Change ☒ Addition
NAME		6.2 NAME	Richard S. Parker, Jr.	
STREET ADDRESS		6.3 STREET ADDRESS	125 NW 1st Avenue	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	High Springs, FL 32643-0766	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gwen D. Ellis /Gwen D. Ellis 01/24/95 (904) 454-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

041P048 FP