

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 009540

**Entity Name:** LONCALA, INCORPORATED**Current Principal Place of Business:**25755 NW 130TH AVENUE  
HIGH SPRINGS, FL 32643-5964**Current Mailing Address:**25755 NW 130TH AVENUE  
HIGH SPRINGS, FL 32643-5964 US**FEI Number:** 59-0336130**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OLMERT, BRYAN J  
25755 NW 130TH AVENUE  
HIGH SPRINGS, FL 32643-5964 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	OLMERT, BRYAN J
Address	25755 NW 130TH AVENUE
City-State-Zip:	HIGH SPRINGS FL 32643-5964

Title	DV
Name	SIMONS, GARY C
Address	121 NW 3RD ST
City-State-Zip:	OCALA FL 34475

Title	D
Name	CARTER, WESLEY A
Address	25755 NW 130TH AVENUE
City-State-Zip:	HIGH SPRINGS FL 32643-5964

Title	AST
Name	ELLIS, GWEN D
Address	25755 NW 130TH AVENUE
City-State-Zip:	HIGH SPRINGS FL 32643-5964

Title	SD
Name	REDDING, JR, DAVID R
Address	25755 NW 130TH AVENUE
City-State-Zip:	HIGH SPRINGS FL 32643-5964

Title	DIRECTOR
Name	ODOM, TIMOTHY T
Address	25755 NW 130TH AVENUE
City-State-Zip:	HIGH SPRINGS FL 32643-5964

*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:** GWEN D. ELLIS**ASSISTANT SECRETARY    03/19/2014  
& TREASURER**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date