

2019 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:**CARTER, WESLEY A
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:** WESLEY A. CARTER

04/12/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title PRESIDENT, DIRECTOR
Name CARTER, WESLEY A
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 04/12/2019
& TREASURER**

Electronic Signature of Signing Officer/Director Detail

Date