

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 009540 (6)  
1. Corporation Name  
LONCALA, INCORPORATED

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

Mailing Address  
P.O. BOX 766  
HIGH SPRINGS FL 32643  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/12/1920	
4. FEI Number 59-0336130	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 125 NW 1st Avenue
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 High Springs, FL
24 Zip	29 32643
25 Country	30 USA

9. Name and Address of Current Registered Agent  
OLMERT, BRYAN J.  
125 N W 1ST AVENUE  
HIGH SPRINGS FL 32643

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	
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	D	3.1 TITLE	
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	
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	SD	5.1 TITLE	
NAME	REDDING, DAVID R. J	5.2 NAME	
STREET ADDRESS	125 NW 1ST AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	PARKER, RICHARD S. J	6.2 NAME	
STREET ADDRESS	125 NW 1ST AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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.

CR2E034 (10/97)