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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90015 002 ***158.75

DOCUMENT # 833461

1. Corporation Name

Principal Place of Business

CANNON FLORIDA, INC.

ONE INDEPENDANT DRIVE SUITE 302 JACKSONVILLE FL 32202 US		2170 WHITEHAVEN RD. ATTN: ACCOUNTING GRAND ISLAND NY 14072 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/10/1974				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For]
		26			43-0188830		Not Applicable	-
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional		
22		27					Required	ł
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip Country Zip 25 29			Country 30		8. This corporation owes the current year Intangible Personal Property Tax. Yes \(\subseteq No \)			
\ <u></u>	9. Name and Address of Curre	nt Registered Agent	\Box		10. Name and Address of New Registered A	gent		-
07.6	CORRORATION OVOTEN		81	Name				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
PLAI	NTATION FL 33324		83					
			84	City	FI.	85 Zij	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. J am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature bread or printed parce of registered agent and title if explicable. (NOTE: Registered Agent signature required when reinstating) DATE								
<u></u>	Signature, typed or printed name of registered age	ND DIRECTORS 13		c signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	FORS IN 12	1 8
12.	VD OFFICERS AI		TITLE		ADDITIONAL PROPERTY OF THE PRO	Change		=
NAME	NIKOLAJEVICH, GEORGE Z.		NAME		•			3
STREET ADDRESS	ONE CITY CENTRE			ADDRESS				Š
CITY-ST-ZIP	ST.LOUIS MO		CITY-\$1					0
TITLE	VD		ITLE			Change	e Addition	7
NAME	TURNER, M K	221	NAME					
STREET ADDRESS	ONE CITY CENTRE	2.35	STREET	ADDRESS				
CITY-ST-ZIP	-ST-LOUIS-MO	2.4	city-s	T-ZIP				-
TITLE	SD	☐ DELETE 3.11	TITLE	{		Chang	e	
NAME	CARLSON, RICHARD E		NAME					
STREET ADDRESS	ONE CITY CENTRE			ADDRESS				1
CITY-ST-ZIP	ST LOUIS MI		CITY-S TITLE	T-ZiP		([] Change	e	1
TITLE	MILLER, GARY R	_	NAME		,			1
NAME STREET ADDRESS	2170 WHITEHAVEN ROAD			ADDRESS				ļ
CITY-ST-ZIP	GRAND ISLAND NE		CITY-ST		Grand Island, NY 14072-20	91		}
TITLE	SC		TITLE			Change	e 🔲 Addition	
NAME	ALLAN M PINCHOFF	5.21	NAME					Ι,
STREET ADDRESS	2170 WHITEHAVEN ROAD	5.3 \$	STREET	ADDRESS				
CITY-ST-ZIP	GRAND ISLAND NE		CITY-SI	r-zip	Grand Island, NY 14072-20	91]
TILE		- Descrit	TITLE			Change	e Addition	:
NAME			MAME] ;
STREET ADDRESS		6.3 5	STREET	ADDRESS				('

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, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

CITY-ST-ZIP