

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

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
CANNON FLORIDA, INC.

Principal Place of Business
**ONE INDEPENDANT DRIVE
SUITE 302
JACKSONVILLE FL 32202
US**

Mailing Address
**2170 WHITEHAVEN RD.
ATTN: ACCOUNTING
GRAND ISLAND NY 14072
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/10/1974

4. FEI Number
43-0188830

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **NIKOLAJEVICH, GEORGE Z.**
STREET ADDRESS **ONE CITY CENTRE**
CITY-ST-ZIP **ST. LOUIS MO**

TITLE **VD** ☐ DELETE
NAME **TURNER, M K**
STREET ADDRESS **ONE CITY CENTRE**
CITY-ST-ZIP **ST. LOUIS MO**

TITLE **SD** ☐ DELETE
NAME **CARLSON, RICHARD E**
STREET ADDRESS **ONE CITY CENTRE**
CITY-ST-ZIP **ST LOUIS MI**

TITLE **P** ☐ DELETE
NAME **MILLER, GARY R**
STREET ADDRESS **2170 WHITEHAVEN ROAD**
CITY-ST-ZIP **GRAND ISLAND NE**

TITLE **SC** ☐ DELETE
NAME **ALLAN M PINCHOFF**
STREET ADDRESS **2170 WHITEHAVEN ROAD**
CITY-ST-ZIP **GRAND ISLAND NE**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **Grand Island, NY 14072-2091**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **Grand Island, NY 14072-2091**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/29/99

Date

Daytime Phone #

CR2E034 (1/98)