2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90191 043 ***150.00

DOCUMENT # 833461

1. Entity Name
CANNON FLORIDA, INC.

Principal Place of Business	Mailing Address
ONE INDEPENDANT DRIVE SUITE 302 JACKSONVILLE FL 32202 US	2170 WHITEHAVEN RD. ATTN: ACCOUNTING GRAND ISLAND NY 14072 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 43-0188830 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NIKOLAJEVICH, GEORGE Z. ONE CITY CENTRE ST.LOUIS MO	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR JOHN D CANNON 2170 WHITEHAVEN RD GRAND ISLAND NY 14072	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TURNER, M K ONE CITY CENTRE ST. LOUIS MO	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR JOSEPH L. CALVARESE ONE INDEPENDENT DR., STE 302 JACKSONVILLE, FL. 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARLSON, RICHARD E ONE CITY CENTRE ST LOUIS MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR THEODORE G. FOWLER 2170 WHITEHAVEN RD. GRAND ISLAND, NY 14072	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	R VP MILLER, GARY R 2170 WHITEHAVEN ROAD GRAND ISLAND NE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SC ALLAN M PINCHOFF 2170 WHITEHAVEN ROAD GRAND ISLAND NE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARY R. MENDELL PRES 2170 WHITEHAVEN RD. GRAND ISLAND, NY 14072	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-21-03 716/773-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #