

DOCUMENT # 843616

1. Entity Name

LONNON REAL ESTATE AND INVESTMENT CORPORATION

Principal Place of Business

11760 CAPRI CR SO
TREASURE ISLAND FL 33706

Mailing Address

11760 CAPRI CR SO
TREASURE ISLAND FL 33706

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 43-1034349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONNON, PEGGY L
11760 CAPRI CIRCLE SOUTH
TREASURE ISLAND, FL
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

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.

SIGNATURE

Peggy L. Lonnon

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

(If not Registered Agent Signature required when reinstating)

1-02-01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|-------------------|--------------------|---------------------------------|
| PT | LONNON, RICHARD L. | 11760 CAPRI CR SO | TREASURE ISLAND FL | |
| SVD | LONNON, PEGGY L. | 11760 CAPRI CIR S | TREASURE ISLAND FL | |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD L. LONNON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/02/01

Daytime Phone #

727-367-3100

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90010 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)