2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025243 1. Entity Name ROY D. CANNON CORP.					Mar 22, 2002 8:00 am Secretary of State 03-22-2002 90015 010 ***150.00				
Principal Place of Business 2322 WOODBINE AVENUE LAKELAND FL 33803		Mailing Address 2322 WOODBINE AVENUE LAKELAND FL 33803							
Principal Place of Business 3. Mailing Address									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State		4.	4. FEI Number 59-3374429 Applied For Not Applicable				
Zip	Country	Zip	Country	5.	Certificate of Status Desired		75 Add	fitional	
	6. Name and Address of Current I	l Registered Agent		7. 1	Name and Address of New Registe				
	where the same we give a to the transfer of the same and		Name**		· · · · · · · · · · · · · · · · · · ·	<u>.</u>	/		
CANNON, GRAY, HA	Street Addres	Street Address (P.O. Box Number is Not Acceptable)							
301 EAST									
ORALNDO FL 32801			City	City FL Zip Code					
8. The above	a named entity submits this statement for statement submits this statement for signature, typed or printed name of registered agent a		gistered office or regis			ATE			
Tax filing requirement and elects to do so After May 1, 2			FEE IS \$150.00 2 Fee will be \$550.00 e to Department of Stat		10. Election Campaign Financing Trust Fund Contribution.	_ \$0.00 may be			
11.	OFFICERS AND I	DIRECTORS	12.	ΑC	DITIONS/CHANGES TO OFFICERS	AND DIR	ECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, ROY D 2322 WOODBINE AVENUE LAKELAND FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CANNON, ROY D 2322 WOODBINE AVENUE LAKELAND FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition .	
NAME STREET ADDRESS CITY-ST-ZIP		□ Dølete~ · ·	TITLE - NAME STREET ADDRESS CITY-ST-ZIP	-		· • []	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
13. I hereby of indicated of the corchanged	certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee empo , or on an attachment with an address, w	this filing does not qualify for the true and accurate and that my s gered to execute this report as the all other like empowered.	e exemption stated in signature shall have the required by Chapter 6	Section le same 607, Flori	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; ti da Statutes; and that my name appe	er certify the nat I am ar ears in Bloo	at the in officer ck 11 or	formation or director Block 12 if	

SIGNATURE: Roy D. CANNON Z-22-02 941-737-6609

SIGNATURE: Date Date Dayline Phone #

FILED