

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000038343

**Entity Name:** SALIWANCHIK, LLOYD & EISENSCHENK, A PROFESSIONAL ASSOCIATION

**FILED**  
**Apr 19, 2019**  
**Secretary of State**  
**7509408284CC**

**Current Principal Place of Business:**

3107 SW WILLISTON RD  
GAINESVILLE, FL 32608

**Current Mailing Address:**

PO BOX 142950  
GAINESVILLE, FL 32614 US

**FEI Number: 59-3184392**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SALIWANCHIK, DAVID R  
3107 SW WILLISTON ROAD  
GAINESVILLE, FL 32608 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SALIWANCHIK, DAVID R  
Address 3107 SW WILLISTON ROAD  
City-State-Zip: GAINESVILLE FL 32608

Title VD  
Name LLOYD, JEFF  
Address 3107 SW WILLISTON ROAD  
City-State-Zip: GAINESVILLE FL 32608

Title D  
Name EISENSCHENK, FRANK C  
Address 3107 SW WILLISTON ROAD  
City-State-Zip: GAINESVILLE FL 32608

Title DS  
Name CHO, COREY K  
Address 3107 SW WILLISTON RD  
City-State-Zip: GAINESVILLE FL 32607

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID R SALIWANCHIK**

**PRESIDENT**

**04/19/2019**

Electronic Signature of Signing Officer/Director Detail

Date