

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833461

Entity Name: CANNON FLORIDA, INC.**Current Principal Place of Business:**2170 WHITEHAVEN ROAD
GRAND ISLAND, NY 14072**Current Mailing Address:**2170 WHITEHAVEN ROAD
GRAND ISLAND, NY 14072 US**FEI Number:** 43-0188830**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT, DIRECTOR
Name	GARRA JR., ROBERT J.
Address	2170 WHITEHAVEN ROAD
City-State-Zip:	GRAND ISLAND NY 14072

Title	TREASURER
Name	CARLINO, DAVID M.
Address	2170 WHITEHAVEN ROAD
City-State-Zip:	GRAND ISLAND NY 14072

Title	DIRECTOR
Name	FOWLER, THEODORE
Address	2170 WHITEHAVEN ROAD
City-State-Zip:	GRAND ISLAND NY 14072

Title	DIRECTOR, VP
Name	LEMKE, ROLAND G.
Address	1560 WILSON BOULEVARD SUITE 200
City-State-Zip:	ARLINGTON VA 22209

Title	SECRETARY
Name	O'CARROLL, DONALL
Address	2170 WHITEHAVEN ROAD
City-State-Zip:	GRAND ISLAND NY 14072

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: DONALL O'CARROLL**SECRETARY****03/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date