2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25376

Entity Name: LOMBART BROTHERS, INC.

Current Principal Place of Business:

5358 ROBIN HOOD RD NORFOLK, VA 23513

Current Mailing Address:

11825 CENTRAL PARKWAY JACKSONVILLE, FL 32224 US

FEI Number: 54-1117762 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 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

FILED Apr 26, 2021

Secretary of State

0739417540CC

Officer/Director Detail:

Title CEO Title DIRECTOR

STALEY, BRAD PARRY, GEORGE Name Name

5358 ROBIN HOOD RD 5358 ROBIN HOOD RD Address Address

City-State-Zip: NORFOLK VA 23513 NORFOLK VA 23513 City-State-Zip:

Title **CFO** Title VICE PRESIDENT FINANCE

Name CLAY, DAVID Name NETTLE, AUSTIN D.

Address 5358 ROBIN HOOD RD Address 5358 ROBIN HOOD RD NORFOLK VA 23513 City-State-Zip: City-State-Zip: NORFOLK VA 23513

Title DIRECTOR Title **DIRECTOR**

Name BEVIN, BRYAN WILKINS, ANDY Name

Address 5358 ROBIN HOOD RD 5358 ROBIN HOOD RD Address City-State-Zip: NORFOLK VA 23513 City-State-Zip: NORFOLK VA 23513

Title DIRECTOR Title DIRECTOR

Name SPEAR, DAVID MARCO, DAVID Name

5358 ROBIN HOOD RD Address 5358 ROBIN HOOD RD Address City-State-Zip: NORFOLK VA 23513 NORFOLK VA 23513 City-State-Zip:

Continues on page 2

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: AUSTIN D. NETTLE

VICE PRESIDENT **FINANCE**

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameGRAFF, KEVINNameSHABECOFF, PETERAddress5358 ROBIN HOOD RDAddress5358 ROBIN HOOD RDCity-State-Zip:NORFOLK VA 23513City-State-Zip:NORFOLK VA 23513

Title DIRECTOR Title DIRECTOR

Name LOMBART, SCOTT Name SPEAR, VICTOR

Address 5358 ROBIN HOOD RD Address 5358 ROBIN HOOD RD

City-State-Zip: NORFOLK VA 23513 City-State-Zip: NORFOLK VA 23513