

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P25376

**Entity Name:** LOMBART BROTHERS, INC.

**Current Principal Place of Business:**

11825 CENTRAL PARKWAY  
JACKSONVILLE, FL 32224

**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

**Officer/Director Detail :**

Title            CEO  
Name            STALEY, BRAD  
Address        11825 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            PARRY, GEORGE  
Address        11825 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title            VICE PRESIDENT FINANCE,  
SECRETARY  
Name            NETTLE, AUSTIN D.  
Address        11825 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title            CFO  
Name            CLAY, DAVID  
Address        11825 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            WILKINS, ANDY  
Address        11825 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            BEVIN, BRYAN  
Address        11825 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            MARCO, DAVID  
Address        11825 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            SPEAR, DAVID  
Address        11825 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

**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

**SECRETARY**

**04/18/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GRAFF, KEVIN  
Address 11825 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name LOMBART, SCOTT  
Address 11825 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name SHABECOFF, PETER  
Address 11825 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name SPEAR, VICTOR  
Address 11825 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224