2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/24/2026

General Information

Name: Thomas J Kennon III

PID 303125

AGENCY INFORMATION

Organization	Suborganization	Title
Lake Shore Hospital Authority	Employees	Attorney
Live Oak	Mayor And City Council	City Attorney

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
ROBINSON, KENNON & KENDRON P.A.	582 W DUVAL ST, LAKE CITY, FL 32025	LAW FIRM

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
RK&K BUSINESSES, LLC	RK&K, P.A.	582 W DUVAL ST, LAKE CITY, FL 32025	OWNER OF RENTAL PROPERTY
GOBBLERS GETAWAY, LLC	NO INCOME	2102 SW DAIRY ST, LAKE CITY, FL 32025	OWNER OF REAL PROPERTY

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
COLUMBIA COUNTY, FLORIDA TAX PARCEL 32-1S-17-04613-001
COLUMBIA COUNTY, FLORIDA TAX PARCEL 32-1S-17-04616-000
COLUMBIA COUNTY, FLORIDA TAX PARCEL 32-1S-17-5700
COLUMBIA COUNTY, FLORIDA TAX PARCEL 32-1S-17-5000

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
401K RETIREMENT ACCOUNT	ROBINSON, KENNON & KENDRON, P.A.

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
DMAC OF LAKE CITY, INC.	532 SW VISTA TERRACE, LAKE CITY, FLORIDA 32024
CAMPUS USA CREDIT UNION	1658 W. US HWY 90, LAKE CITY, FLORIDA 32055
FNBO	P.O. BOX 2557, OMAHA, NE 68103-2557
US BANK	P.O. BOX 790408, ST. LOUIS, MO 63179-0408

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☐ I certify that I have completed the required training under Section 112.3142, F.S.

☑ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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Signature of Filer

Thomas J Kennon III

Digitally signed: **06/24/2026**

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