

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 394051

**Entity Name:** LOWRY RESEARCH CORPORATION

**Current Principal Place of Business:**

11300 U.S. HIGHWAY ONE  
SUITE 400  
PALM BEACH GARDENS, FL 33408

**Current Mailing Address:**

11300 U.S. HIGHWAY ONE  
SUITE 400  
PALM BEACH GARDENS, FL 33408 US

**FEI Number:** 59-1377882

**Certificate of Status Desired:** Yes

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

LEFEVRE, JOFFRE C  
11300 U.S. HIGHWAY ONE  
SUITE 400  
PALM BEACH GARDENS, FL 33408 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  
Name            LEFEVRE, JOFFRE CHARLES  
Address        11300 U.S. HIGHWAY ONE  
                 SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33408

Title            SECRETARY  
Name            LEFEVRE, KRISTEN DESMOND  
Address        11300 U.S. HIGHWAY ONE  
                 SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33408

Title            TREASURER  
Name            LEFEVRE, JACQUES PATON  
Address        11300 U.S. HIGHWAY ONE  
                 SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33408

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:** JOFFRE C LEFEVRE

**PRESIDENT**

**03/13/2020**

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

\_\_\_\_\_  
Date