

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90124 016 ***150.00

DOCUMENT # 524332

1. Entity Name

LENNON GROVE AND SPREADER SERVICE, INCORPORATED

Principal Place of Business

Mailing Address

2727 DEAN RIDGE RD
 ORLANDO FL 32825

2727 DEAN RIDGE RD
 ORLANDO FL 32825-8724

2. Principal Place of Business

3. Mailing Address

2701 Dean Ridge Rd

2701 Dean Ridge Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, Fla

Orlando, Fla

4. FEI Number

59-1737147

Applied For

Not Applicable

Zip

Country

Zip

Country

32825

USA

32825

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOEQUIST, CHARLES E.
1400 FAIRBANKS AVE.
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNON, WILLIAM M.	NAME	Lennon, William M, Jr.
STREET ADDRESS	2727 DEAN RIDGE RD	STREET ADDRESS	2701 Dean Ridge Rd
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Orlando, Fla 32825
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNON, WILLIAM M, JR.	NAME	Lennon, William M,
STREET ADDRESS	2701 DEAN RIDGE RD	STREET ADDRESS	2727 Dean Ridge Rd
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Orlando, Fla 32825
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNON, DIXIE L.	NAME	Lennon, Kimberly K
STREET ADDRESS	2727 DEAN RIDGE RD	STREET ADDRESS	2701 Dean Ridge Rd
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Orlando, Fla 32825
TITLE	<input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Smith, Christopher E
STREET ADDRESS		STREET ADDRESS	13281 Kirby Smith Rd
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, Fla 32825
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kimberly K Lennon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2000 407-384-1411
 Date Daytime Phone #