

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90358 050 \*\*\*150.00

**DOCUMENT # 524332**

1. Entity Name  
**LENNON GROVE AND SPREADER SERVICE, INCORPORATED**

Principal Place of Business 2701 DEAN RIDGE RD ORLANDO FL 32825 US	Mailing Address 2701 DEAN RIDGE RD ORLANDO FL 32825 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-1737147** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LENNOR, WILLIAM M JR</b> <b>2701 DEAN RIDGE RD</b> <b>ORLANDO FL 32825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LENNON, WILLIAM M. JR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LENNON, WILLIAM M, JR.</b> <b>2727 DEAN RIDGE RD</b> <b>ORLANDO FL 32825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LENNON, WILLIAM M., SR.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LENNON, KIMBERLY K</b> <b>2701 DEAN RIDGE RD</b> <b>ORLANDO FL 32825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SMITH, CHRISTOPHER F</b> <b>13281 KIRBY SMITH RD</b> <b>ORLANDO FL 32825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 Date: 2-27-2001 Daytime Phone #: 407-384-1411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)