FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FILED

95 MAY -1 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F74236 (3)

1. Corporation Name

LENRON, INC.

Principal Place of Business

C/O GEORGE P. LANGFORD
3357 TAMIAMI TRAIL N.
NAPLES FL 33940

Mailing Address

C/O GEORGE P. LANGFORD
3357 TAMIAMI TRAIL N.
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1982

3a. Date of Last Report: 05/13/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Lot — 22

Suite, Apt. # or Lot — 27

City & State — 23

City & State — 28

ZIP — 24 County — 25

ZIP — 29 County — 30

4. FEI Number: 59-2180967 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. File non-Campaign Contribution Trust Fund Certificate ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANGFORD, GEORGE P
3357 TAMIAMI TRAIL NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and 607.1608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, ETC.	
TITLE	PD	TITLE	✓ Change ☐ Addition
NAME	GELLENY, HELEN	NAME	
STREET ADDRESS	~~704 BOBWHITE LANE~~	STREET ADDRESS	SUITE #329 853 VANDERBUT BEACH ROAD
CITY, ST, ZIP	~~NAPLES FL~~	CITY, ST, ZIP	NAPLES FL 33963
TITLE	S	TITLE	✓ Change ☐ Addition
NAME	DUNLOP, DON	NAME	
STREET ADDRESS	~~702 BOBWHITE LN.~~	STREET ADDRESS	111 BALLANTREE DR
CITY, ST, ZIP	~~NAPLES FL~~	CITY, ST, ZIP	ASHEVILLE NC 28803
TITLE	VP	TITLE	✓ Change ☐ Addition
NAME	GELLENY, JAMES C.	NAME	
STREET ADDRESS	~~704 BOBWHITE LANE~~	STREET ADDRESS	767 102ND AVE N
CITY, ST, ZIP	~~NAPLES FL~~	CITY, ST, ZIP	NAPLES FL 33963
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information stated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the non-profit organization to which this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 above or on an attached sheet with an address.

SIGNATURE: JAMES C. GELLENY VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 1995 — Date

8135667983 — Daytime Phone #

0327049 CP