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Mar 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000003235**

1. Corporation Name
LENNOX RESEARCH, INC.



Principal Place of Business: 668 N. ORLANDO AVE., #107 MAITLAND FL 32751
 Mailing Address: 668 N. ORLANDO AVE., #107 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2107 Park Ave N.		2a. Mailing Address 26 2107 Park Ave N.		3. Date Incorporated or Qualified 07/06/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 58-1464553	
City & State 23 Winter Park, FL		City & State 28 Winter Park, FL		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 24 32789		Country 25 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 29 USA		Country 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LENNOX, GWEN 2107 PARK AVE NO SUITE 200 WINTER PARK FL 32789				10. Name and Address of New Registered Agent	
				81 Name GWEN CLORAN	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC LENNOX, GWEN 1310 TEMPLE GROVE CT. WINTER PARK FL 32789	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	CLORAN, GWEN
STREET ADDRESS		1.3 STREET ADDRESS	same
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S NEWNUM, JANE 1443 Hibiscus Ave. WINTER PARK FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gwen Cloran* 3/3/99 647-3333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GWEN CLORAN Date: 3/3/99 Daytime Phone #: 647-3333

CR2E034 (1/98)