

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

2. Principal Place of Business

21 2107 Park Ave N.

Suite, Apt. #, etc.

22

23 Winter Park, FL

24 32789 25 USA

2a. Mailing Address

26 2107 Park Ave N.

Suite, Apt. #, etc.

27

28 Winter Park, FL

29 32789 30 USA

9. Name and Address of Current Registered Agent

LENNOX, GWEN
2107 PARK AVE NO
SUITE 200
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1995

4. FEI Number

58-1464553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE

NAME LENNOX, GWEN
STREET ADDRESS 1310 TEMPLE GROVE CT.
CITY-ST-ZIP WINTER PARK FL 32789

TITLE S ☐ DELETE

NAME NEWNUM, JANE
STREET ADDRESS 1443 HIBISCUS AVE.
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

CLORAN, GWEN
same

☐

Change

☐

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐

Change

☐

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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Change

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Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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Change

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Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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Change

☐

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change

☐

Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/99 647-3333

CR2E034 (1/98)