

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 13 PM 2:39

DOCUMENT # **G60817 (5)**  
1. Corporation Name  
**LENMON, INC.**

Principal Place of Business Mailing Address  
**RT-5 BOX 2250- CRAWFORDVILLE FL 32327** **RT-5 BOX 2250 CRAWFORDVILLE FL 32327**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>264 TRICE LANE</b>		26 <b>264 TRICE LANE</b>		<b>09/22/1983</b>	<b>03/15/1994</b>
22 Suits, Apt. #, etc.		27 Suits, Apt. #, etc.		4. FEI Number	Applied For
23 <b>CRAWFORDVILLE, FL</b>		28 <b>CRAWFORDVILLE FL.</b>		<b>59-2334083</b>	Not Applicable
24 <b>32327</b>	25 <b>US</b>	29 <b>32327</b>	30 <b>U.S.A.</b>	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>HARVEY, SR., ALLEN H.</b> <b>RT-5 BOX 2250- 264 TRICE LANE</b> <b>CRAWFORDVILLE FL 32327</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				<b>FL</b>	

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 Allen H. Harvey Sr. *President* DATE 4-10-95

Signature: Signature of current or former registered agent and fee if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, ALLEN H SR	1.2 NAME	
STREET ADDRESS	RT-5 BOX 2250- 264 TRICE LANE	1.3 STREET ADDRESS	
CITY ST ZIP	CRAWFORDVILLE FL 32327	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, MONICA A.	2.2 NAME	
STREET ADDRESS	RT-5 BOX 2250- 264 TRICE LANE	2.3 STREET ADDRESS	
CITY ST ZIP	CRAWFORDVILLE FL 32327	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information enclosed 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 1, 2 or Block 13 if I am not on an attachment with an address.

SIGNATURE: Allen H. Harvey Sr. DATE 4-10-95 925-2007

Signature and typed or printed name of signing officer or director.