

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90013 026 ***150.00

9 1 3 1 2 5



DO NOT WRITE IN THIS SPACE

DOCUMENT # L66110

1. Entity Name
HARRY T. LENNOX, INC.

Principal Place of Business
% HARRY T. LENNOX
228 ALTA VISTA STREET
DEBARY FL 32713

Mailing Address
% HARRY T. LENNOX
228 ALTA VISTA STREET
DEBARY FL 32713

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

6. Name and Address of Current Registered Agent
LENNOX, HARRY T.
228 ALTA VISTA STREET
DEBARY FL 32713

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip Code

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

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.

11. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D LENNOX, HARRY T. 228 ALTA VISTA STREET DEBARY FL
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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
Signature and typed or printed name of signing officer or director
HARRY T. LENNOX 1/28/01 407-6685000

Feb 03, 2001 8:00 am
Secretary of State
02-03-2001 90013 026 ***150.00

913125

DO NOT WRITE IN THIS SPACE