

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

APPROVED AND FILED

95 MAY -1 PM 5:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

**900001486519
-05/12/95--01121--008
****225.00 ****225.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000003870 (0)
1. Corporation Name
LENNAY INVESTMENTS, INC.

Principal Place of Business Mailing Address
3000 A1A SOUTH ST. AUGUSTINE BEACH FL 32084 **3000 A1A SOUTH ST. AUGUSTINE BEACH FL 32084**

3. Date Incorporated or Qualified 3a. Date of Last Report
01/14/1994

4. FEI Number Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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

2. Principal Place of Business 2a. Mailing Address

21 **802 A1A Beach Blvd.** 26 **802 A1A Beach Blvd**
Suite, Apt #, etc. Suite, Apt #, etc.

22 27
City & State City & State

23 **St Augustine Beach, FL** 28 **St Augustine Beach, FL**
ZIP ZIP Country Country

24 **32084** 25 **St. Johns** 29 **32084** 30 **St Johns**

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 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: *Renee Trinca* 5/10/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRINCA, LEONARD
STREET ADDRESS	3000 A1A SOUTH
CITY, ST, ZIP	ST. AUGUSTINE BEACH FL
TITLE	STD
NAME	TRINCA, RENEE
STREET ADDRESS	3000 A1A SOUTH
CITY, ST, ZIP	ST. AUGUSTINE BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	802 A1A Beach Blvd.
14 CITY, ST, ZIP	St. Augustine Beach, FL 32084
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	802 A1A Beach Blvd
24 CITY, ST, ZIP	St. Augustine Beach, FL 32084
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b) 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *Renee Trinca* **RENEE TRINCA** 5/10/95 904-471-3986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR