

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087742

Entity Name: LENNON INSURANCE SERVICES, INC.

Current Principal Place of Business:

838 E NEW YORK AVENUE
DELAND, FL 32724

Current Mailing Address:

P.O. BOX 11
DELAND, FL 32721

FEI Number: 56-2396651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LENNON, DONNA
838 E NEW YORK AVENUE
DELAND, FL 32724 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSD
Name LENNON, DONNA
Address 206 WEST CHANCERY LANE
City-State-Zip: DELAND FL 32724

Title TD
Name LENNON, ROSS
Address 1911 CREEKWATER BLVD
City-State-Zip: PORT ORANGE FL 32128

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONNA M. LENNON

PSD

02/18/2016

Electronic Signature of Signing Officer/Director Detail

Date