

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000046986

Entity Name: LENNON MEDICAL, INC.

Current Principal Place of Business:

913 GULF BREEZE PKWY
SUITE 9
GULF BREEZE, FL 32561

Current Mailing Address:

1275 MAHOGANY MILLS RD
APT 3G
PENSACOLA, FL 32507 US

FEI Number: 85-1712251

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LENNON, NOLAN G
913 GULF BREEZE PKWY
SUITE 9
GULF BREEZE, FL 32561 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 P
Name LENNON, NOLAN G
Address 913 GULF BREEZE PKWY SUITE 9
City-State-Zip: GULF BREEZE FL 32561

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: NOLAN LENNON

PRESIDENT

03/22/2021

Electronic Signature of Signing Officer/Director Detail

Date