

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000070778

**Entity Name:** LENOX CAPITAL CORPORATION

**Current Principal Place of Business:**

514-1 CHAFFEE POINT BOULEVARD  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

514-1 CHAFFEE POINT BOULEVARD  
JACKSONVILLE, FL 32221 US

**FEI Number:** 59-3527331

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TYRE, WARREN A  
514-1 CHAFFEE POINT BOULEVARD  
JACKSONVILLE, FL 32221 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 D  
Name TYRE, WARREN A  
Address 514-1 CHAFFEE POINT BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32221

Title D  
Name COLLINS, JEFFREY H  
Address 245 N. LANE AVENUE  
City-State-Zip: JACKSONVILLE FL 32254

*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:** WARREN A. TYRE

**PRESIDENT**

**03/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date