

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 26 1996 8:00 am
Secretary of State

DOCUMENT # **605710 (3)**
1. Corporation Name
FLYNN MOTORS, INC.



Principal Place of Business: **FLYNN MOTORS INC, P.O. BOX 786, BROOKSVILLE FL 34605 US**
Mailing Address: **FLYNN MOTORS, INC, P.O. BOX 786, BROOKSVILLE FL 34605 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **12/30/1978**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3260970**
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

9. Name and Address of Current Registered Agent: **ROBINSON, JOHN T, 6500 CENTRAL AVE, ST PETERSBURG FL**
10. Name and Address of New Registered Agent (81-84) fields.

11. Pursuant to the provisions of Sections 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: PD
NAME: **FLYNN, MICHAEL**
STREET ADDRESS: **P.O. BOX 786**
CITY-ST-ZIP: **BROOKSVILLE FL**
[Additional empty rows for officers and directors with DELETE checkboxes]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: _____
1.2 NAME: _____
1.3 STREET ADDRESS: _____
1.4 CITY-ST-ZIP: _____
[Additional empty rows for additions/changes with Change/Addition checkboxes]

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6-26-96
JW

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Michael Flynn**
5-17-96 352-754-1790

CR2E034 (12/95)