

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90134 018 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 697195

1. Corporation Name  
**FLYNN DEVELOPMENT CORPORATION**

Principal Place of Business  
 2424 ENTERPRISE RD. STE G.  
 CLEARWATER FL 34623-1794

Mailing Address  
 2424 ENTERPRISE RD. STE G.  
 CLEARWATER FL 34623-1794

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/03/1981**

4. FEI Number  
**59-2115713**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 516 Lakeview Road  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 516 Lakeview Road  
 Suite, Apt. #, etc.

22 Unit 8  
 City & State

27 Unit 8  
 City & State

23 Clearwater, FL  
 Zip Country

28 Clearwater, FL  
 Zip Country

24 33756 25 Pinellas

29 33756 30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLYNN, THOMAS F.  
 2424 ENTERPRISE ROAD, SUITE G  
 CLEARWATER FL 34623

81 Name Flynn, Thomas F.  
 82 Street Address (P.O. Box Number is Not Acceptable) 516 Lakeview Road  
 83 Unit 8  
 84 City Clearwater FL 85 Zip Code 33756

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 *Thomas F. Flynn* Thomas F. Flynn DATE 2/17/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, THOMAS F	1.2 NAME	Flynn, Thomas F.
STREET ADDRESS	2769 WESTCHESTER DR S	1.3 STREET ADDRESS	516 Lakeview Road, Unit 8
CITY-ST-ZIP	CLEARWATER, FL 34621	1.4 CITY-ST-ZIP	Clearwater, FL 33756
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Thomas F. Flynn* Thomas F. Flynn DATE 2/17/99 121-449-1182  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)