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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90209 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000064993

1. Corporation Name

LYNN LAKE DEVELOPMENT CORPORATION OF TAMPA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

~~4350 W. WATERS AVE.
#202
TAMPA FL 33614
US~~

Mailing Address

~~4350 W. WATERS AVE.
#202
TAMPA FL 33614
US~~

2. Principal Place of Business

21 8019 N. Himes Av.

Suite, Apt. #, etc.

22 #101

City & State

23 TAMPA FL

Zip

24 33614

Country

25 US

2a. Mailing Address

26 8019 N. Himes Av.

Suite, Apt. #, etc.

27 #101

City & State

28 TAMPA FL

Zip

29 33614

Country

30 US

3. Date Incorporated or Qualified

08/02/1996

4. FEI Number

59-3409781

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HO, RONALD Y

~~4350 W. WATERS AVE.~~

~~SUITE 202~~

~~TAMPA FL 33614~~

8019 N. Himes Av. #101

Tampa, FL 33614

81 Name RONALD Y. HO

82 Street Address (P.O. Box Number is Not Acceptable)

8019 N. Himes Av. #101

83

84 City TAMPA

FL

85 Zip Code 33614

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HO, RONALD Y 8019 N. Himes Av. #101
STREET ADDRESS ~~4350 WEST WATERS AVENUE #202~~ TAMPA, FL 33614
CITY-ST-ZIP TAMPA FL 33614

TITLE VD ☐ DELETE
NAME HO, SAMUEL C 8019 N. Himes Av. #101
STREET ADDRESS ~~4350 WEST WATERS AVENUE #202~~ TAMPA, FL 33614
CITY-ST-ZIP TAMPA FL 33614

TITLE STD ☐ DELETE
NAME HO, LILLIAN F 8019 N. Himes Av. #101
STREET ADDRESS ~~4350 WEST WATERS AVENUE #202~~ TAMPA, FL 33614
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Ronald Y. Ho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

813-933-3439

Daytime Phone #

CR2E034 (11/98)