

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90059 026 ***150.00

0089238

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000035913

1. Corporation Name
LYNN-TURNER, INC.



Principal Place of Business
 5405 CYPRESS CENTER DR
 STE 200 320
 TAMPA FL 33609
 US

Mailing Address
 5405 CYPRESS CENTER DR
 STE 200 320
 TAMPA FL 33609
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **5405 CYPRESS CENTER DRIVE**
 Suite, Apt. #, etc.
 22 **320**
 City & State
 23 **TAMPA, FL**
 Zip Country
 24 **33609** 25

2a. Mailing Address
 26 **5405 CYPRESS CENTER DRIVE**
 Suite, Apt. #, etc.
 27 **320**
 City & State
 28 **TAMPA, FL**
 Zip Country
 29 **33609** 30

3. Date Incorporated or Qualified
04/21/1997

4. FEI Number
59-3452124 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

HOLCOMB, VICTOR W
415 S HYDE PARK AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, WILLIAM H	1.2 NAME	
STREET ADDRESS	4010 STATE ST	1.3 STREET ADDRESS	5405 CYPRESS CENTER DRIVE, SUITE 320
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	TAMPA, FL 33609
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATH, FREDERICK H	2.2 NAME	
STREET ADDRESS	7308 PELICAN ISLAND DRIVE	2.3 STREET ADDRESS	5405 CYPRESS CENTER DRIVE, SUITE 320
CITY-ST-ZIP	TAMPA FL 33634	2.4 CITY-ST-ZIP	TAMPA, FL 33609
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: *Frederick H. Rath* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
 Date

813-636-8860
 Daytime Phone #

CR2E034 (11/98)