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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$33645 1. Corporation Name LYNN REECE ENTERPRISES, INC. (0)

FILED Apr 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2507 CITRUS AVE. 2507 CITRUS AVE. **DAYTONA BCH. FL 32119-2529 DAYTONA BCH. FL 32119-2529** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/21/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-6960951 21 26 Not Applicable Suite. Apt # etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes Yes 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name REECE, LYNN 2507 CITRUS AVE. 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BCH. FL 32119 83 City 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** Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition REECE, LYNN NAME randy reece 1.2 NAME 2507 CITRUS AVE. STREET ADDRESS 1.3 STREET ADDRESS ZFOT CITRUS AVE. DAYTONA BCH. FL CITY-ST-ZIP DAYTONA BCH, FL 32119-2529 1.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SI-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE Change Addition 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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.

SIGNATURE

Lynn Reice

LYNN REECH

4/19/98

904/788-9102

CR2E034 (10/97)