FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
AND
FILED
95 MAY -1 PM 12:53
95 MAY -1 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 275023 (0)

1. Corporation Name
LYNMARO CORP.

Principal Place of Business	Mailing Address
3480 TALLYWOOD CIRCLE SARASOTA FL 34237	3480 TALLYWOOD CIRCLE SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1963
3a. Date of Last Report: 07/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: 2762 Core View Dr. N.
Suite, Apt. #, etc — 22
Suite, Apt. #, etc — 27
City & State — 23
City & State — 28: Jacksonville, FL
Zip — 24
County — 25
Zip: 32257 — 29
County: U.S.A. — 30

4. FEI Number: 59-1025889 — 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 has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MURRAY, R A
3480 TALLY WOOD CIR
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name: Richard S. Murray
82 Street Address (P.O. Box Number is Not Acceptable): 2762 Core View Dr. N
83
84 City: Jacksonville FL 85 Zip Code: 32257

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: R.S. Murray (Richard S. Murray) 4/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE	P/S/T/D	☒ Change ☐ Addition
NAME	MURRAY, R A	12 NAME	Murray, Richard S.	
STREET ADDRESS	3480 TALLYWOOD CIR	13 STREET ADDRESS	2762 Core View Drive N.	
CITY-ST-ZIP	SARASOTA, FL 00000	14 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	PD	21 TITLE	D	☒ Change ☐ Addition
NAME	MURRAY, E J	22 NAME		
STREET ADDRESS	3480 TALLYWOOD CIR	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	COONEY, R W	32 NAME		
STREET ADDRESS	10 S ADAMS DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REQUESTED FOR YEAR 1995

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 trustor 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: R.S. Murray POA for EVELYN J. MURRAY 4/27/95 (904) 448-0825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0343012 CP