

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

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Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 555928 (1)

1. Corporation Name
LYNN MACHINE SHOP, INC.



Principal Place of Business ROUTE 2 BOX 306 WAUCHULA FL 33873	Mailing Address ROUTE 2 BOX 306 WAUCHULA FL 33873-9547
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3. Date Incorporated or Qualified 12/22/1977	3a. Date of Last Report 02/14/1996
4. FEI Number 59-1806791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5320 Tom Bryan Rd. Suite, Apt. #, etc. 22	2a. Mailing Address 26 5320 Tom Bryan Rd. Suite, Apt. #, etc. 27
City & State 23 Wauchula, FL	City & State 28 Wauchula, FL
Zip 24 33873	Country 25 USA
Zip 29 33873	Country 30 USA

9. Name and Address of Current Registered Agent LYNN, EDWARD HERBERT ROUTE 2 BOX 306 WAUCHULA FL 33873	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 5320 Tom Bryan Rd.
83	
84 City	85 Zip Code Wauchula FL 33873

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	
84 City	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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LYNN, EDWARD HERBERT	1.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 306	1.3 STREET ADDRESS	5320 Tom Bryan Rd.
CITY-ST-ZIP	WAUCHULA FL	1.4 CITY-ST-ZIP	Wauchula, FL 33873
TITLE	STD	2.1 TITLE	
NAME	LYNN, JOYCE F.	2.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 306	2.3 STREET ADDRESS	5320 Tom Bryan Rd.
CITY-ST-ZIP	WAUCHULA FL	2.4 CITY-ST-ZIP	Wauchula, FL 33873
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  E.H. LYNN 2/4/97

CR2E034 (9/96)