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Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 557641 (8)

1. Corporation Name  
CHARLES B. FLYNN & COMPANY, INC.

Principal Place of Business

4297 DAUBERT ST  
ORLANDO FL 32803  
US

Mailing Address

P. O. BOX 140574  
ORLANDO FL 32814-0574  
US

3. Date Incorporated or Qualified

01/19/1978

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-1790849

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 s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLYNN, CHARLES B.  
393 SYLVAN DR  
WINTER PARK FL 32789

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FLYNN, CHARLES B.  
STREET ADDRESS 393 SYLVAN DR  
CITY-ST-ZIP WINTER PARK FL

☐ DELETE

TITLE V  
NAME FLYNN, PETER S.  
STREET ADDRESS 1408 40TH AVE., NE  
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE VP  
NAME WASSATT, WILLIAM J.  
STREET ADDRESS 9517 SHORTLEAF COURT  
CITY-ST-ZIP APOPKA FL

☐ DELETE

TITLE CS  
NAME VARNER, GARY N.  
STREET ADDRESS 1427 N DELAWARE STREET  
CITY-ST-ZIP SANFORD FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE C/PB  
12 NAME FLYNN, CHARLES B.  
13 STREET ADDRESS 393 SYLVAN DR.  
14 CITY-ST-ZIP WINTER PARK, FL. 32789

☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE V  
32 NAME WASSATT, WILLIAM J.  
33 STREET ADDRESS 9517 SHORTLEAF COURT  
34 CITY-ST-ZIP APOPKA, FL 32703

☒ Change ☐ Addition

41 TITLE S/T  
42 NAME VARNER, GARY N.  
43 STREET ADDRESS 1427 N. DELAWARE ST.  
44 CITY-ST-ZIP SANFORD, FL. 32771

☒ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Gary N. Varner

2/25/97

407-896-1501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)