

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -7 AM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **574637** (5)

1. Corporation Name  
**LYNCH ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**197 DURANGO RD** **197 DURANGO RD**  
**STE 5A** **STE 5A**  
**DESTIN FL 32541** **DESTIN FL 32541**  
**US** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/05/1978** 3a. Date of Last Report **07/06/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

4. FEI Number **59-1827504** 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

**LYNCH, JAMES D., JR.**  
~~**GULF TERRACE #133**~~  
~~**HIGHWAY 88E**~~  
**DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**197 DURANGO Rd. #5A**  
83  
84 City **DESTIN** FL 85 Zip Code **32541**

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 **JAMES D. LYNCH, JR.**

*James D. Lynch*

4/1/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE **PTD**  
11.2 NAME **LYNCH, JAMES D JR**  
11.3 STREET ADDRESS ~~**GULF TERRACE #133**~~  
11.4 CITY, ST, ZIP **DESTIN-FL**  
12.1 TITLE **S**  
12.2 NAME **LYNCH, NANCY L**  
12.3 STREET ADDRESS ~~**GULF TERRACE #133**~~  
12.4 CITY, ST, ZIP **DESTIN-FL**

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS **197 DURANGO Rd. #5A**  
13.4 CITY, ST, ZIP **DESTIN FL 32541**  
13.5 TITLE  
13.6 NAME  
13.7 STREET ADDRESS **197 DURANGO Rd. #5A**  
13.8 CITY, ST, ZIP **DESTIN FL 32541**

14. I, the undersigned, 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)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Nancy L. Lynch*  
NANCY L. LYNCH

904/837-0080