

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 574637 (5)

1. Corporation Name
LYNCH ENTERPRISES, INC.



Principal Place of Business 197 DURANGO RD STE 5A DESTIN FL 32541 US	Mailing Address 197 DURANGO RD STE 5A DESTIN FL 32541 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8549 SE 71 AVE Suite, Apt. #, etc. 22 _____ City & State 23 Ocala, FL Zip Country 24 34472 25 MARION	2a. Mailing Address 26 8549 SE 71 AVE Suite, Apt. #, etc. 27 _____ City & State 28 Ocala, FL Zip Country 29 34472 30 MARION
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3. Date Incorporated or Qualified 06/05/1978	4. FEI Number 59-1827504	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**LYNCH, JAMES D., JR.
 197 DURANGO ROAD
 #5A
 DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name JAMES D. LYNCH, JR.
82 Street Address (P.O. Box Numbers Not Acceptable) 8549 SE 71 AVE
83 _____
84 City Ocala FL 85 Zip Code 34472

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. - PRESIDENT** DATE **1/28/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTD LYNCH, JAMES D JR	1.2 NAME	
STREET ADDRESS	197 DURANGO RD #5A	1.3 STREET ADDRESS	8549 S.E. 71 AVE
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	Ocala, FL 34472
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SV LYNCH, NANCY L	2.2 NAME	
STREET ADDRESS	197 DURANGO RD #5A	2.3 STREET ADDRESS	8549 SE 71 AVE
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	Ocala, FL 34472
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 **[Signature]** DATE **1/28/98**

CR2E034 (10/97)