FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 575094 (8)

1. Corporation Name

LYNCH OIL COMPANY, INC.

Principal Place of Business
1244 E. CARROLL ST.
P.O. BOX 421579
KISSIMMEE FL 34742-8579

Mailing Address
1244 E. CARROLL ST.
P.O. BOX 421579
KISSIMMEE FL 34742-1579
US

2. Principal Place of Business	2a. Mailing Address
21 1244 E. Carroll St.	26 1244 E. Carroll St.
Suite, Apt #, etc. 22 P.O. Box 450669	Suite, Apt #, etc. 27 P.O. Box 450669
City & State 23 Kissimmee, FL	City & State 28 Kissimmee, FL
Zip 24 34745-0669 Country 25	Zip 29 34745-0669 Country 30

3. Date Incorporated or Qualified: 06/08/1978
3a. Date of Last Report: 02/20/1995
4. FEI Number: 59-1840858 — 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, BRADLEY CRAIG
1244 E. CARROLL ST.
KISSIMMEE FL 34744

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	~~CEO~~ SEC & TREAS	☐ DELETE
NAME	LYNCH, A M JR	
STREET ADDRESS	1244 E. CARROLL ST.	
CITY-ST-ZIP	KISSIMMEE, FL 00000	
TITLE	P	☐ DELETE
NAME	LYNCH, BRADLEY CRAIG	
STREET ADDRESS	1244 E. CARROLL ST.	
CITY-ST-ZIP	KISSIMMEE, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	His title	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***200.00

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)(k), 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: X Bradley Craig [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/20/96 Daytime Phone #: (407) 847-4161

CR2E034 (12/95)