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PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 575094

LYNCH OIL COMPANY, INC.

(8)

FILED Feb 14 1997 8:00am Secretary of State



Principal Plac	se or business	mailing A	address						*************************	*****
1244 E. CARROLL ST. P.O. BOX 450669 KISSIMMEE FL 34745-0869		P.O. BOX	1244 E. CARROLL ST. P.O. BOX 450689 KISSIMMEE FL 34745-0669							
							3. Date Incorporated or Qualified 06/08/1978		ite of Last F 17/1996	Report
2. Principal F	Place of Business	2a. Mailin	g Address				4. FEI Number	<u> </u>	<del></del>	pplied For
21		26	26				59-1840858			ot Applicable
Suite, Apt	#, etc.	Suite,	Suite, Apt. #, etc.					,		Additional
22		27					5. Certificate of Status Desired			equired
City & Stat	le	City &	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country Zip C			Cou	Country		8. This corporation has liability for i	ntangible		
24	25				Florida Statutes			Yes No		
	9. Name and Address of Curre	nt Registered #	Agent	<del> </del>	Π	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re-	jistered /	Agent	
LYN	CH, BRADLEY CRAIG				81	Name			***************************************	
1244	4 E. CARROLL ST.					- Co				
	SIMMEE FL 34744		82 Street Add			Street Add	dress (P.O. Box Number is Not Acceptable)			
1					83				<del></del>	
					84	City		FL	<b>85</b> Zip	Code
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida, Suc jations of, Section	ch change was a on 607.0505, Flo	authorize orida Sta	d by tutes	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the app	ointment as	registered
	Signature: typed or printed name of registered ag				d Age	nt signature requi	red when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	LYNCH, A M JR		DELETE	1.1 TI					Change	Addition
NAME	1244 E. CARROLL ST.			1.2 N	AME					
STREET ADDRESS				1.3\$	TREET	ADDRESS				
CITY - ST - ZIP	KISSIMMEE, FL 00000			1.4 C	ITY-S	r-ziP				
TITLE	P COMOUNT OF A COMO		☐ DELETE	2.1 TI	ITLE				Change	Addition
NAME	LYNCH, BRADLEY CRAIG			2.2 N	AME		•			
STREET ADDRESS	1244 E. CARROLL ST.			2.3 \$	TREET	ADDRESS				
CITY - ST - ZIP	KISSIMMEE, FL 00000			2 4 0	CITY-S	T-ZIP				
TITLE			DELETE	3.1 T	TLE				Change	Addition
NAME				3.2 N	AME	]				
STREET ADDRESS				3.3 S	TREET	ADDAESS				į
CITY-ST-ZIP	1			34.0	HY-\$	T-ZIP				
TITLE			DELETE	41 TI	ITLE				Change	Addition
NAME				4 2 N	IAME					
STREET ADDRESS				4.3 \$	TREET	ADDRESS				
CITY-ST-7IP					fTY+S	1				
TITLE			☐ DELETE	51 TI		<del></del>			Change	Addition
NAME				5.2 N						
STREET ADDRESS						address				
CITY-ST-ZIP				1						
TITLE			DELETE	6.1 TI	17Y - \$1 ITLE	- LIP	······································		Change	Addition
			Delete	1					mi cuarific	LI RUGILION
NAME				6.2 N						
STREET ADDRESS				6.3 S	IREET	ADDRESS				
CITY OT 3.0										

14. I do hereby certify that the information supplied with this filling 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 endual 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 of trustee empowere to execute this report as required by Chapter 607, Florida Statutes; and that my name