FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 14 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 # **597592** **(5)**

1. Corporation Name
LYN ST. JAMES ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2570 INTERNATIONAL SPEEDWAY BLVD SUITE F DAYTONA BEACH FL 32114 US	2570 INTERNATIONAL SPEEDWAY BLVD SUITE F DAYTONA BCH FL 32114-7103 US

2. Principal Place of Business 22 3404 John Anderson Dr Suite, Apt. #, etc. 23 Ormond Beach FL City & State 24 32176 Zip 25 USA Country	2a. Mailing Address 26 P.O. Box 4147 Suite, Apt. #, etc. 27 City & State 28 Ormond Beach FL 29 32175 Zip 30 USA Country

3. Date Incorporated or Qualified: 12/15/1978
3a. Date of Last Report: 02/09/1996
4. FEI Number: 59-1963817 ☐ 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

ST. JAMES, LYN
3404 JOHN ANDERSON DR
ORMOND BEACH FL 32176

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 Lyn St James
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	PSD	☑ Change ☐ Addition
NAME	ST.JAMES, LYN		1.2 NAME	St. James, Lyn	
STREET ADDRESS	2570 INTERNATIONAL SPEEDWAY BLVD		1.3 STREET ADDRESS	PO Box 4147	
CITY-ST-ZIP	DAYTONA BEACH FL 32114		1.4 CITY-ST-ZIP	Ormond Beach FL 32175 C/N/A	
TITLE	D	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	LESSMAN, ROGER		2.2 NAME	Turner, Debra	
STREET ADDRESS	P. O. BOX 2685 N/A		2.3 STREET ADDRESS	238 Boulder Ct.	
CITY-ST-ZIP	ORMOND BEACH FL 32175		2.4 CITY-ST-ZIP	Carmel, Ind. 46032	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Lyn St James 904-441-3494