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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## Apr 01 1998 8:00am Secretary of State

	MENT # G7624 I AND LYNCH, INC.	4 (4)		T INGKIN GRIF YANNA NIKA PROM GURAF GURF GURF GURF	1871 87831 81811 81811 87811 1885
Principal Plac	en al Business	Mailing Address			
Principal Place of Business 23923 NW 196 TERRACE		23923 NW 196 TERRACE			
HIGH SPRINGS FL 32643		HIGH SPRINGS FL 32643			
US		US		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	:
2. Principal P	Place of Business	2a. Mailing Address		12/08/1983 4. FEI Number	Applied For
21		26		59-2359097	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, otc.			\$8.75 Additional
22		[27]		5. Certificate of Status Desired	Fee Required
City & Stat	o 	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip 29	Country 30	This corporation owes or has paid the operational Property Tax due June 30.	current year Intangible
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LY	NCH, ROBERT R., JR. LYNCH AN	ID LYNCH INC	81 Name		
23923 NW 196 TERRACE			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
НК	GH SPRINGS FL 32643		83		
			84 City		leel 7 Oct
			84 City	F	L 85 Zip Code
SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obliga Signature, typical or pented name of registered agen OF LICERS ANI	NOTE the day of the day of the state of the	Registered Agent signature requi		
12.	P	DELFTE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	LYNCH, ROBERT R., JR.	the second	1.2 NAME		
STREET ADDRESS	23923 NW 196 TERRACE		13 STREET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS FL		14 CITY-ST-ZIP		
TITLE	٧٢	DELETE	21 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	LYNCH, JOAN H.		2 2 NAME		
STREET ADDRESS	23923 NW 198 TERRACE		2 3 STHEET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS FL		2 4 CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •	
TITLE	S INITON DONNA I	DELETE	3 1 TITLE		Change Addition
NAME CTOSET ADDRESS	LINTON, DONNA L 2113 SUNTREE DRIVE		3 2 NAME		
STREET ADDRESS	CLEARWATER FL		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VLCWINAIEII I L	DELETE	3 4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		<u></u>	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		□ 50055	5 4 CITY-ST-ZIP	······································	
TITLE		DELETÉ	6.1 TITLE		Change Addition
NAME DIRECT ADDRESS			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		6.4 CHY-ST-ZIP		

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 trusted 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