

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

**FILED**

**Jan 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 # G85475 (3)**

**1. Corporation Name**  
**LYNN-SAMUEL, INC.**



**Principal Place of Business:** 25 N. 70TH AVENUE, PENSACOLA FL 32506  
**Mailing Address:** 25 N. 70TH AVENUE, PENSACOLA FL 32506-5107

**3. Date incorporated or Qualified:** 02/20/1984  
**3a. Date of Last Report:** 01/26/1996  
**4. FEI Number:** 59-2403493  
**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

**2. Principal Place of Business:** 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
**2a. Mailing Address:** 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

**9. Name and Address of Current Registered Agent**  
**FAULK, GEORGE S**  
**25 NORTH 70TH AVE**  
**PENSACOLA FL 32506**

**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 607.0102 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 in accordance with and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE:** \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) **DATE:** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

<input type="checkbox"/> DELETE	<b>P</b> TITLE: <b>FAULK, GEORGE S.</b> NAME: <b>25 N 70TH AVE</b> STREET ADDRESS: <b>PENSACOLA FL</b> CITY - ST - ZIP:
<input type="checkbox"/> DELETE	<b>V</b> TITLE: <b>FAULK, JUDITH L.</b> NAME: <b>25 N 70TH AVE</b> STREET ADDRESS: <b>PENSACOLA FL</b> CITY - ST - ZIP:
<input type="checkbox"/> DELETE	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:
<input type="checkbox"/> DELETE	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:
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<input type="checkbox"/> DELETE	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE
<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.3 STREET ADDRESS
<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE
<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.3 STREET ADDRESS
<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE
<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.3 STREET ADDRESS
<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE
<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.3 STREET ADDRESS
<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE
<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.3 STREET ADDRESS
<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE
<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.3 STREET ADDRESS
<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.4 CITY - ST - ZIP

**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:** *George S. Faulk* **7 Jan '97** **904 476-4999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)