

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 5:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H04152 (5)

1. Corporation Name

THE LYNCH GROUP, INC.

Principal Place of Business

**1805 COPELAND ST
JACKSONVILLE FL 32204**

Mailing Address

**1805 COPELAND ST
JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1984

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21 2165 River Boulevard

Suite, Apt. #, etc.

2a. Mailing Address

26 2165 River Boulevard

Suite, Apt. #, etc.

4. FEI Number

59-2457170

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. 109.032,
Florida Statutes

☒ Yes ☐ No

22 City & State

23 Jacksonville, FL

Zip

24 32204

Country

25 USA

27 City & State

28 Jacksonville, FL

Zip

29 32204

Country

30 USA

9. Name and Address of Current Registered Agent

**LYNCH, HAL
1805 COPELAND ST.
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81 Name

Lynch, Hal

82 Street Address (P.O. Box Number is Not Acceptable)

2165 River Boulevard

83

84 City

Jacksonville

FL

85 Zip Code

32204

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PDS	LYNCH, HAL	4952 ORTEGA FOREST DR.	JACKSONVILLE FL
VD	LYNCH, LARRY P.	248 W. GREEN STREET	MONTICELLO GA
VD	STEPHEN, RISLEY J.	1805 COPELAND ST	JACKSONVILLE FL
VD	RAMBACH, LARRY E. SR.	1805 COPELAND ST.	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 110.07(3)(b), 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 changing or an addition with an addition.

SIGNATURE:

Larry E. Rambach, Sr.
LARRY E. RAMBACH, SR.

4/25/95 904-387-1537