

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 MAY - 1 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J63850** (8)

1. Corporation Name
LINCOLN COMMERCIAL PROPERTIES, INC.

Principal Place of Business Mailing Address
~~14063 GLICKSTEIN LAYL CPA~~ ~~14063 GLICKSTEIN LAYL CPA~~
P.O. BOX 916464 P.O. BOX 916464
LONGWOOD FL 32791 LONGWOOD FL 32791

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/26/1987** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2805831** 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

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

9. Name and Address of Current Registered Agent
JOHNSON, LYDER
~~2625 S. VOLUSIA AVENUE~~
~~SUITE B-3~~
~~ORANGE CITY FL 32763~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **2678 W. State Rd 434**
83 **Suite B**
84 City **Longwood** FL 85 Zip Code **32779**

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 Name)

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	JOHNSON, LYDER
STREET ADDRESS	2648 W. STATE RD. 434, STE. B
CITY ST ZIP	LONGWOOD FL
TITLE	VS
NAME	JOHNSON, SIMONE S.
STREET ADDRESS	2648 W. STATE RD. 434, STE. B
CITY ST ZIP	LONGWOOD FL
TITLE	AS
NAME	JOHNSON, TERRY B.
STREET ADDRESS	2648 W STATE RD. 434, STE. B
CITY ST ZIP	LONGWOOD FL
TITLE	VP
NAME	JOHNSON, TERRY B.
STREET ADDRESS	2648 W STATE RD. 434, STE. B
CITY ST ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the 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 that my name is 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 in an attachment with an address.

SIGNATURE: *Lyder R. Johnson* 4/26/95 407-262-9674
President