

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

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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J79483 (0)
1. Corporation Name
LYNN SUTTON TAX EXPERT, INC.



Principal Place of Business 2725 COLLEGE ST. JACKSONVILLE FL 32205 US	Mailing Address 2725 COLLEGE ST. JACKSONVILLE FL 32205 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2727 College St. Suite, Apt. #, etc. 22 City & State 23 Jacksonville FL Zip Country 24 32205 25 U.S.A.	2a. Mailing Address 26 1930 Muncie Ave. Suite, Apt. #, etc. 27 City & State 28 Jacksonville FL Zip Country 29 32210 30 U.S.A.	3. Date Incorporated or Qualified 06/22/1987	4. FEI Number 59-2836130 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent SUTTON, LYNN 2725 COLLEGE ST. JACKSONVILLE FL 32205	10. Name and Address of New Registered Agent 81 Name John E. Sutton 82 Street Address (P.O. Box Number is Not Acceptable) 1930 Muncie Ave. 83 84 City Jacksonville FL 85 Zip Code 32210
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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 John E. Sutton DATE 4-22-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST
NAME	SUTTON, LYNN	1.2 NAME	John E. Sutton
STREET ADDRESS	2725 COLLEGE ST	1.3 STREET ADDRESS	1930 Muncie Ave.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville FL 32210
TITLE	VD	2.1 TITLE	VD
NAME	SUTTON, LYNN	2.2 NAME	John E. Sutton
STREET ADDRESS	2725 COLLEGE ST	2.3 STREET ADDRESS	1930 Muncie Ave.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville FL 32210
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: John E. Sutton (John E. Sutton) DATE: 4-22-98 (904) 737-1663

CP2E034 (10/97)