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FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **K54125 (5)**
1. Corporation Name
LYNNE STEVENSON AND ASSOCIATES, INC.

Principal Place of Business

**333 FALKENBURG RD N
SUITE B-214
TAMPA FL 33619**

Mailing Address

**333 FALKENBURG RD N
SUITE B-214
TAMPA FL 33619**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **11**
Suite, Apt. #, etc.

22 **11**
City & State

23 **33619** **FL**
Zip Country

24 **33619** **FL**
Zip Country

2a. Mailing Address

26 **11**
Suite, Apt. #, etc.

27 **11**
City & State

28 **33619** **FL**
Zip Country

29 **33619** **FL**
Zip Country

3. Date Incorporated or Qualified

12/16/1988

4. FET Number

59-2920714

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BULLERMAN, LYNNE S.
333 FALKENBURG RD N SUITE B-214
TAMPA FL 33619**

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 607.0502 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

Lynne Stevenson Bullerman **President** **4-20-98**
(Signature Agent or president, officer, trustee, or director, as applicable) (NOTE: Registered Agent signature required when so stating) DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **P BULLERMAN, LYNNE S.**
STREET ADDRESS **333 FALKENBURG RD B-214**
CITY-ST-ZIP **TAMPA FL**

1.2 TITLE ☐ DELETE

NAME **V BULLERMAN, PHILIP A.**
STREET ADDRESS **17923 BLEDSOE LOOP**
CITY-ST-ZIP **LITHIA FL**

1.3 TITLE ☐ DELETE

NAME **V GIVEN, KENNETH E.**
STREET ADDRESS **333 FALKENBURG RD B-214**
CITY-ST-ZIP **TAMPA FL**

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

Lynne Stevenson Bullerman **4-20-98**

CR2E034 (10/97)