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FILED

May 15 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 # K88681

(7)

1. Corporation Name  
JAMI LYNN, INC.



Principal Place of Business

2200 MAIN STREET  
P. O. BOX 2484  
FT. MYERS BEACH FL 33931

Mailing Address

2200 MAIN STREET  
P. O. BOX 2484  
FT. MYERS BEACH FL 33931-3404

3. Date Incorporated or Qualified  
05/16/1989

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 21054 St. Peters Dr.

27 City & State

28 Ft. Myers Beach FL

29 33931

30 Lee

4. FEI Number

65-0125497

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

9. Name and Address of Current Registered Agent

RASH, DAVID G.  
2200 MAIN STREET  
FT. MYERS BEACH FL 33932

10. Name and Address of New Registered Agent

81 Name Elizabeth A. Rash  
82 Street Address (P.O. Box Number is Not Acceptable)  
21054 St. Peters Dr.  
83  
84 City Ft. Myers Beach FL 85 Zip Code 33931

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

*Elizabeth A. Rash*

Elizabeth A. Rash

4/24/97

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	GRIDLEY, DOROTHY	
STREET ADDRESS	15490 COPRA LN	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RASH, DAVID G	
STREET ADDRESS	21054 ST. PETER DR.	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ELIZABETH A. RASH	
STREET ADDRESS	21054 ST. PETER'S DRIVE	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P Elizabeth A. Rash
3.3 STREET ADDRESS	21054 St. Peters Dr.
3.4 CITY-ST-ZIP	Ft. Myers Beach FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V Blanche Lee
4.3 STREET ADDRESS	892 Buttonwood
4.4 CITY-ST-ZIP	Ft. Myers Beach, FL.
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 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:

*Elizabeth A. Rash*

Elizabeth A. Rash

4/24/97 944-412 5455

CR2E034 (9/96)