

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

FILED
Jun 09 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 # L08583 1. Corporation Name LYNCH SERVICES, INC.			
Principal Place of Business		Mailing Address	
1509 HARBOR DRIVE MARATHON, FL 33050			
2. Principal Place of Business		2a. Mailing Address	
21 22 69 CHURCH ST.	26 Suite, Apt. #, etc	27 City & State	
22 Suite, Apt. #, etc	27 City & State	28 Zip	
23 Deland, FL	28 Zip	29 Country	
24 32720	29 Country	30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VIRGIL G. LYNCH 2269 CHURCH STREET DELAND, FL 32720		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P VIRGIL G. LYNCH	1.1 TITLE	P VIRGIL G. LYNCH
NAME	1509 HARBOR DRIVE	1.2 NAME	2269 CHURCH ST.
STREET ADDRESS	MARATHON, FL 33050	1.3 STREET ADDRESS	DELAND, FL 32720
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SIT DORIS A. LYNCH	2.1 TITLE	SIT DORIS A. LYNCH
NAME	1509 HARBOR DRIVE	2.2 NAME	2269 CHURCH ST.
STREET ADDRESS	MARATHON, FL 33050	2.3 STREET ADDRESS	DELAND, FL 32720
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 the 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: Virgil G. Lynch
6/2/98
(904) 740-0392
(904) 254-7878

CR2E034 (10/97)