

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

FILED  
Feb 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L16317** (4)  
1. Corporation Name  
**KENNEDY, LYNCH & ASSOCIATES, INC.**

Principal Place of Business <b>P. O. BOX 280 AVON PARK FL 33825 US</b>	Mailing Address <b>P. O. BOX 280 AVON PARK FL 33825 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 108 NORTH CIRCLE</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26 108 N. CIRCLE</b> Suite, Apt. #, etc. <b>27</b>		3. Date Incorporated or Qualified <b>09/18/1989</b>	
23 <b>SEBRING FLORIDA</b> City & State <b>24 33870</b> Zip <b>25 HIGHLANDS</b> Country <b>USA</b>		28 <b>SEBRING FLORIDA</b> City & State <b>29 33870</b> Zip <b>30</b> Country <b>USA</b>		4. FEI Number <b>65-0143513</b> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KENNEDY, JEFFREY R 1125 N. CANAL BLVD 12 W. PARK AVE. LAKE PL. FL 33852</b>				10. Name and Address of New Registered Agent <b>81 Name JEFFREY R. KENNEDY</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 108 NORTH CIRCLE</b> <b>83</b> <b>84 City SEBRING FL 85 Zip Code 33870</b>	
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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

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

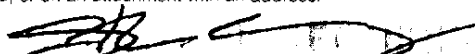
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENNEDY, JEFFREY			1.2 NAME	KENNEDY, JEFFREY		
STREET ADDRESS	1125 N. CANAL BLVD.			1.3 STREET ADDRESS	108 N. CIRCLE		
CITY-ST-ZIP	SEBRING FL			1.4 CITY-ST-ZIP	SEBRING, FL 33870		
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYNCH, CHRISTOPHER			2.2 NAME			
STREET ADDRESS	108 N. CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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



2-16-98

941-471-3989

CR2E034 (10/97)