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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90116 023 ***150.00

DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualifed 00/19/1090

DOCUMENT # L16317 1. Corporation Name KENNEDY, LYNCH & ASSOCIATES, INC. Principal Place of Business Meiling Address 108 NORTH CIRCLE SEBRING FL 33870 SEBRING FL 33870

	_				09/10/1303		
2. Principal	Principal Place of Business 2a. Mailing Addre				4. FEI Number	Ap-	plied For
21		26			65-0143513	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		-		5. Certificate of Status Desired	\$8.75 A		
27					V. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23	23				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ød Agent	
			8	1 Name			
KENNEDY, JEFFREY R				82 Street Address (P.O. Box Number is Not Acceptable)			
108 NORTH CIRCLE				Street Address (F.O. Box Number is Not Acceptable)			
SEBRING FL 33870				3			
			L				
			8	4 City	F	85 Zip (Code
11. Pursuan	t to the provisions of Sections 607 0	502 and 607 1508 Florida Statu	ites the above	ve-named corn	poration submits this statement for the purpose	- , ,	registered
office or	registered agent, or both, in the Stat	te of Florida. Such change was :	authorized b	y the corporation	on's board of directors. I hereby accept the ap	pointment as req	gistered
agent. I	am familiar with and accept the obli	gations of, Section 607.0505, FI	orida Statute	s.	1	-	ľ
SIGNATURE				- 14	od when reinstation). DATE		
12.		pent and title if applicable. (NOT	13.	ent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	DP OFFICE	DELETE	1.1 TTLE		7.057.107.07.07.07.07.07.07.07.07.07.07.07.07.0	Change	Addition
NAME	KENNEDY, JEFFREY	<u></u>	1.2 NAME				
STREET ADDRESS	AND MORTH OIDS! E			ET ADDRESS	-		ļ
· ·	SEBRING FL 33870			·]			
CITY-ST-ZIP	DV DV	☐ DELETE	1.4 C/TY-			 ☐ Change	Addition
TITLE	LYNCH, CHRISTOPHER	□ perei¢	2.1 TITLE	į.		[_] Onlange	
NAME			2.2 NAME	ļ			ţ
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP	SEBRING FL	F1	2. 4 CITY				<u> </u>
₹11TLE		☐ DELETE ~	3.1 TITLE		•	Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. C/TY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS	s .		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
πιε		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				{
STREET ADDRESS	-		5.3 STREE	ETADORESS		•	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		[] DELETE	6.1 TITLE			Change	☐ Addition
NAME		•	6.2 NAME			_ •	·
STREET ADDRESS			. 6.3 STRE	ET ADDRESS			
	'		6.4 CITY-				
CITY-ST-ZIP	1		0.4 CH11-	01- LIF 1			ì

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

941-471-3989

Daytime Phone