FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L53279 (0)

1. Corporation Name
LYNDRO CORPORATION

100001435691
-05/12/95--01050--001
DO NOT WRITE IN THIS SPACE ****200.00

Principal Place of Business	Mailing Address
% LYNDA SWARTZ 2421 JENNIFER HOPE BLVD. LONGWOOD FL 32779	% LYNDA SWARTZ 2421 JENNIFER HOPE BLVD. LONGWOOD FL 32779

3. Date Incorporated or Qualified: 02/16/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 204 Riverbend Court
Suite, Apt. #, etc. 22:
City & State 23: Longwood Florida
Zip 24: 32779 Country 25: Seminole

2a. Mailing Address
26: P O Box 915752
Suite, Apt. #, etc. 27:
City & State 28: Longwood Florida
Zip 29: 32791 Country 30: Seminole

4. FEI Number: 59-2991735 ☐ 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

SWARTZ, LYNDA
2421 JENNIFER HOPE BLVD
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 204 Riverbend Court
83
84 City: Longwood FL 85 Zip Code: 32779

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 _____ DATE
(Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	SWARTZ, LYNDA	12 NAME		
STREET ADDRESS	2421 JENNIFER HOPE BLVD	13 STREET ADDRESS	204 Riverbend Court	
CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP		
TITLE	DVT	21 TITLE		☒ Change ☐ Addition
NAME	SWARTZ, DONALD	22 NAME		
STREET ADDRESS	2421 JENNIFER HOPE BLVD	23 STREET ADDRESS	204 Riverbend Court	
CITY ST ZIP	LONGWOOD FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	VERONA, LOIS	32 NAME		
STREET ADDRESS	11820 CAPRI CIRCLE SOUTH	33 STREET ADDRESS		
CITY ST ZIP	TREASURE ISLAND FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

5/1/95 MB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/28/95 407 724-1368
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044004 CP