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 APR 12 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M93060

1. Corporation Name
M. LYNN & CO.

Principal Place of Business	Mailing Address
C/O SAUL EISEMAN 1801 MAIN STREET SARASOTA, FL 34236	C/O SAUL EISEMAN 1801 MAIN STREET SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/8/1988
3a. Date of Last Report: 3/11/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0307565 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees
Zip (24) (29) Country (25) (30)
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARRETT, LINDA
1801 MAIN STREET
SARASOTA, FL 34236

10. Name and Address of New Registered Agent

81 Name: EISEMAN, SAUL
82 Street Address (P.O. Box Number is Not Acceptable): 1801 MAIN STREET
83
84 City: SARASOTA FL 85 Zip Code: 34236

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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	☒ Change ☐ Addition	
NAME	LYNN, GENE	1.2 NAME		
STREET ADDRESS	1801 MAIN STREET	1.3 STREET ADDRESS	NO LONGER ASSOCIATED WITH COMPANY	
CITY-ST-ZIP	SARASOTA, FL 34236	1.4 CITY-ST-ZIP		
TITLE	D/P	2.1 TITLE	D/P	☒ Change ☐ Addition
NAME	LYNN, MICHAEL	2.2 NAME	SAUNDERS, MICHAEL	
STREET ADDRESS	1801 MAIN STREET	2.3 STREET ADDRESS	1801 MAIN STREET	
CITY-ST-ZIP	SARASOTA, FL 34236	2.4 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D/T/S	3.1 TITLE		☐ Change ☐ Addition
NAME	EISEMAN, SAUL	3.2 NAME		
STREET ADDRESS	1801 MAIN STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236	3.4 CITY-ST-ZIP		
TITLE	D/V	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BARRETT, LINDA	4.2 NAME	BARRETT, LINDA	
STREET ADDRESS	1801 MAIN STREET	4.3 STREET ADDRESS	1801 MAIN STREET	
CITY-ST-ZIP	SARASOTA, FL 34236	4.4 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	700001454677	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-04/12/95--01082--003	
TITLE		6.1 TITLE	****208.75	☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(k), 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: SAUL EISEMAN _____ 3/17/95 813/957-6600
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #