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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001298

1. Corporation Name

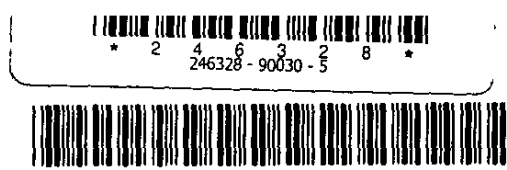
**LYNN HAVEN BUSINESS AND PROFESSIONAL PARTNERS, I
NC.**

Principal Place of Business

1812 SOUTH HIGHWAY 77
SUITE 115
LYNN HAVEN FL 32444

Mailing Address

1812 SOUTH HIGHWAY 77
SUITE 115
LYNN HAVEN FL 32444



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

03/04/1998

4. FEI Number

59-3499468

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

STOKA, ALBERT J III
1007 JENKS AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name
Albert J. Stopka, III
82 Street Address (P.O. Box Number is Not Acceptable)
108 Mosley Drive
83
84 City
Lynn Haven, FL 85 Zip Code
32444

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	FILIPPI, RICHARD	
STREET ADDRESS	810 FLORIDA AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHSON, JESSICA	
STREET ADDRESS	1812 S. HIGHWAY 77, BOX 115	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWELL, DAVID	
STREET ADDRESS	2305 HIGHWAY 77, SUITE E	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRKLAND, BILL JR	
STREET ADDRESS	2518 HIGHWAY 77, SUITE E	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEWETT, BILL	
STREET ADDRESS	517 AIRPORT ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BACHMANN, OLIVER	
STREET ADDRESS	824 OHIO AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DALE MORTINSON	
1.3 STREET ADDRESS	1101 OHIO AVENUE	
1.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VALERI FARISH	
2.3 STREET ADDRESS	401 W. 14TH STREET	
2.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALBERT J. STOPKA, III	
3.3 STREET ADDRESS	108 MOSLEY DRIVE	
3.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DOUG DAVIS	
4.3 STREET ADDRESS	2500 MINNESOTA AVENUE	
4.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
5.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ANITA SAMSON	
5.3 STREET ADDRESS	1602 OHIO AVENUE	
5.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
6.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DEBORAH HOLLEY	
6.3 STREET ADDRESS	3003 S. HWY, 77	
6.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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 of Anita Samson
Anita Samson, Director

(850) 271-2288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

246328-90030-5
N98000001298

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Continued)

7.1 TITLE	David Harless	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
7.2 NAME	D		
7.3 STREET ADDRESS	509 Harrison Avenue		
7.4 CITY-ST-ZIP	Panama City, FL 32401		