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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90057 020 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000011288

LYKINS & ASSOCIATES, INC.

| Principal Place of Business Mailing Address | | | Address | | | | | | 1111 Ge ija Ge j | UI 1180) IIBIG IJE | MI 18501 IMII 5001 |
|---|---|---|--------------------------------------|------------------------------|---|---------------------------------|------------------------------|--|--------------------------------|--------------------------------------|---------------------------|
| 127 FOREST LAKES BLVD. 127 FOREST LAKES BLV | | |) . | | | | | | | | |
| UNIT 7 UNIT 7 | | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| OLDSMAR FL 34677 OLDSMAR FL 34677 | | | | | | | | - Date Incorporated or Qualifed | IEINIA | IS SPACE | |
| | | | | | | | ا ا | 02/08/1993 | | | |
| 2. Principal | Place of Business | 2a. Maili | ing Address | | | | 4 | FEI Number | | | Applied For |
| 21 | | 26 | | | | | | 59-3166130 | | | ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | · | | | | <u>. </u> | · | | Additional |
| 22 27 | | | | | | 5. | Certifcate of Status Desired | | | Required | |
| City & State City & State | | | & State | | | | | Election Campaign Financing | | \$5.00 | May Be |
| 23 | | | | | | | | Trust Fund Contribution | | | to Fees |
| | | | Zip Country | | | | 8. | This corporation owes the curr | ent year i | ntangible | , |
| 24 | 25 | 29 | | 30 | | | | Personal Property Tax. | | ☐ Yes | No |
| | 9. Name and Address of Curre | | | | 1 | | 10. | Name and Address of New F | Registere | d Agent | |
| KIL | FOUND DOVAN A | JUL 8 3 % 0 | i Çi | [1 | 81 | Name | | | | | |
| KUTCHINS, BRYAN A. | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | TE 103 | | | | | | | 7 | , e | 61 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | SECRETAL COLORS |
| | DSMAR FL 33677 | | | | 83 | | | | | | |
| VЩ | JOMPAN E 330/1 | | | 1 | B4 | City | | The second secon | 1 7744 - | 85 Zip | Code |
| ini ranna i | e, 1-1 - h | | 71 × 1 25 3 | | \perp | | | | F | | |
| office or | t to the provisions of Sections 607.05 registered agent, or both, in the State | 02 and 607.150 e of Florida. Su | 08, Florida Statu ch change was a | tes, the abo authorized I | ove- bv th | -named corpor he corporation | atio: 's bo | n submits this statement for the pard of directors. I hereby accer | purpose of the app | of changing it ointment as r | s registered egistered |
| CLDSagent I | am familiar with, and accept the oblig | ations of Secti | on 607.0505, Flo | orida Statut | es. | | | , | | | -5 |
| SIGNATURE | : | | | | | | | | | | |
| 12. | Signature, typed or printed name of registered ag | ent and title if applica ND DIRECTOR | | E: Registered A | gent s | signature required v | | | DATE | ND DIDECT | ODC IN 12 |
| TITLE · | D | IND DIRECTOR | DELETE | 1.1 TITL | | ···· | | ADDITIONS/CHANGES TO OF | PICERS A | Change | |
| NAME ' | LYKINS, THOMAS W | | | 1.2 NAM | | | | 人 经开入13分 | | onango | L., Hadilon |
| STREET ADDRESS | 405 EAREAT LIVEA BUILD 1 | INIT 7 | | | | ADDRESS | | | | | ' |
| CITY-ST-ZIP | OLDSMAR FL 34677 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 1.4 CITY | | · | | | | , | |
| TITLE · | D | **** | · DELETE | 2.1 TITL | | ZIP | | · · · · · · · · · · · · · · · · · · · | • | ☐ Change | Addition |
| NAME | LYKINS, JANICE R | | | 2.2 NAM | | | | | | | |
| STREET ADDRESS | 445 505507 1 44550 5445 | INIT 7 | | | | NODRESS | | | | | |
| City-st-zip | OLDSMAR EL 34677 | rivori r Santa a ser en e | ٠ | 2.4 Cm | | | | | | | |
| TITLE | OLDSMAR FL 34677 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | DELETE | 3.1 TITLE | | -LIT | | | | Change | Addition |
| NAME (C) | | | - ; | 3.2 NAM | | | | | | _ ogo | |
| STREET ADDRESS | TANK MINISTER | | | | | ADDRESS ! | | | | | |
| CITY-ST-ZIP. | E 193 | | | 3.4. CITY | | | | | | | |
| TITLE | AND A CONTROL OF THE | | DELETE | 4.1 TITLE | | -zır | | र रिकार के जिल्ला है। | 1 (5 | Change | . ₽ ∏ Addition |
| NAME (1997) | | | | 4. 2 NAM | | | | | | | |
| STREET ADDRESS | Maria के किया मुक्ति | *y*** ::- . €2 | | | | NODRESS | | • | | | |
| CITY-ST-ZIP | | 777 | | 4.4 CITY | | | | | • | • • • | |
| TITLE | ्रिक्र विशेषिक के अपने का जाता है। इसके के अपने के अपने का जाता के अपने क | | DELETE | 5.1 TITLE | | _ | | | | ☐ Change | Addition |
| NAME . | , | • | - | 5.2 NAMI | | | | 3.050 | | _ • | |
| STREET ADDRESS | | • | | 5.3 STRE | ETA | ODRESS | | • | | | |
| CITY-ST-ZIP | | | | 5.4 CITY | -ST-2 | ZIP | | 10 mm - 1978 | | | , |
| TITLE | 五字料作品的,在新疆和新疆、安全 | | ☐ DELETE | 6.1 TITLE | = | | | | , | Change | ☐ Addition |
| NAME | TRANSPORT FOREST DE D | A 1 7 | | 6.2 NAMI | E | | | | | • | _ ` |
| | GEOSEPHI FL SECTION | | | ea emp | | DDRESS | | | | | |

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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

8/3-855-4400