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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000087064 (0)

LYNN CONSTRUCTION OF NAPLES, INC.

## **FILED** Apr 30 1998 8:00am Secretary of State

	SONOTION OF TAX LEC	) IIIO				
Principal Plac	e of Business	Mailing Address	·	<del></del> .	I INDINADI SIN TRING LIHIS ADIIL ARIES ADIII ADISI	(B)
160 3RD STREET S.W. 160 3RD STREET S.		160 3RD STREET S.W.				
NAPLES FL 33964		NAPLES FL 33964	NAPLES FL 33964		DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	io or not
					12/21/1993	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0450456	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			C. Floring Compains Figure	Fee Required
23		28	<del></del> 1		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Zip	<u> </u>		8. This corporation owes or has paid the	
24	_ 25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		AT	10. Name and Address of New Register	od Agent
	NN, JOANNE		8	1 Name		
160 3RD STREET S.W.			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
NA	PLE\$ FL 33964		8:	3		
			8	4 City	F	85 Zip Code
11. Pursuant	to the previsions of Sections 607 0502	and 607.1508, Florida Statut	es, the abo	ve-named corp	poration submits this statement for the purpose	of changing its registered
office or r agent. I a	r <b>egister</b> ed agent, or both, in the State c i <b>m fam</b> iliar with, and accept the obligal	of Florida. Such change was a tions of, Section 607.0505, Flo	authorized b orida Statuti	by the corporal es.	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	, ,	•				
	Signature, typed or printed name of registered again			gent signature requi	rod when reinslating) DATE	
12. TITLE	OFFICERS AND	DELETE	13. 1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	LYNN, JOANNE		1.2 NAME			O Onlarige D Addition
STREET ADDRESS	*** *** **** ****			ET ADDRESS	·	3
CITY-ST-ZIP			1.4 CITY			į
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition C
NAME	LIETZ, CLAYTON D		2.2 NAME			
STREET ADDRESS	C/O 160 3RD ST., S.W.		2.3 STRE	ET ADDRESS		İ
CITY-ST-ZIP	NAPLES FL 33964			-\$1-ZIP		
TITLE		☐ DELETE	3.1 TITLE	ľ		☐ Change ☐ Addition
NAME OTREET ADDRESS			3.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE		and the same and t	Change Addition
NAME	·		4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	1		
TITLE			5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	et aodress		
CITY-ST-ZIP			5.4 City-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADORESS				ET ADDRESS		
CITY-ST-ZIP	partify that the information supplied wit	h this filing does not qualify for	6.4 CITY		Section 119 07(3Vi) Florida Statutes I further	certify that the information

officer or direction of the coporation of supplied with this limit does not quality for the exemption stated in section 119.07(3)(1). Florida statutes. Floring certify that the information indicated on this annual report of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the coporation 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.