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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF (1)

DOCUMENT # P9400000338 (1)

D.W. FLYNN & ASSOCIATES, PA

Principal Place of Business Mailing Address 4349 WORTHINGTON CI. PALM HARBOR FL 34685 Mailing Address 4349 WORTHINGTON CI. PALM HARBOR FL 34685 DO NOT WRITE IN THIS SPACE

							12 <u>/2</u> 3/19 <u>93</u>			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	A	pplied For
21			26					59-3218135	N	ot Applicable
Suite, Apt. #, etc.		\Box	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22		27						3. Certificate of diatos bearied	Fee R	equired
City & State			City & State				•	6. Election Campaign Financing	\$5.00	May Be
23			<u> </u>					Trust Fund Contribution	Added	to Fees
Zip	Country	匚	Zip	L	Country	/		8. This corporation owes or has paid the curr	rent year Ir	tangible
24	25	29		30						□ No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
FLYNN DONALD W					81	l	Name			
4349 WORTHINGTON CIRCLE			82 Str.			t	Street Addres	s (P.O. Box Number is Not Acceptable)		
PALM HARBOR FL 34685										
}					83	Γ				
j					20	Ļ			<u> </u>	-
ļ					84	١	City	FL	85 Zip	Code
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 redistr										its registered
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 amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered agent	and title	applicate (NO)	TÉ: Rea	istered Age	ent	t signature required v	when reinstating) DATE	<u> </u>	.
12.	CTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	3S IN 12		
TITLE	PD		DELETE	_	1.1 TITLE				Change	☐ Addition
NAME	FLYNN, DONALD W				1.2 NAME		1			
STREET ADORESS	4349 WORTHINGTON CI				1.3 STREET	ГΔГ	DORESS			1
CITY-ST-ZIP	PALM HARBOR FL				1.4 CITY-S					
TITLE	V		DELETE	_	2.1 TITLE	,,-			Change	Addition
NAME	FLYNN, DANIEL E		—	•	2.2 NAME		1			
STREET ADDRESS	4349 WORTHINGTON CIRCLE			1	2.3 STREET		DUBESS	.e		
CITY-ST-ZIP	PALM HARBOR FL				2. 4 CITY-8					
TITLE	ST		DELETE	_	2. 4 CHT-3 3.1 TITLE	31-	-218	- **	Change	Addition
NAME	FLYNN MARY A				3.2 NAME		1			
STREET ADORESS	4349 WORTHINGTON CIRCLE				3.3 STREET		DODCCC			
1	PALM HARBER FL			- 8						
CITY-ST-ZIP	FALIVI FIANDEN FL		□\ DELETE		3.4. CITY - S	SI-	·ZIP		Change	Addition
TITLE			וון טבנבוני		4.1 TITLE		ł		— cuarids	
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET					
CITY-ST-ZIP			- I pro core		4.4 CITY-S	T-	ZIP		Chan	I kaase
TITLE			L] DELETE	- 8	5.1 TITLE		ł		L Change	Addition
NAME				- 1	5.2 NAME					
STREET ADDRESS					5.3 STREET	ΑC	DDRESS			
CITY - ST - ZIP		_			5.4 CITY - S	Τ-	ZIP			
TITLE			DELETE	1	6.1 TITLE				Change	Addition
NAME				•	6.2 NAME					
STREET ADDRESS					6.3 STREET	AΕ	DDRESS			j
CITY-ST-ZIP					6.4 CITY-S	1-1	ZIP		_	

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 on 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:

JIGILL VIRE REQUIRED

1-12-98

813-781-0898

FILED

Jan 27 1998 8:00am

3. Date Incorporated or Qualified

Secretary of State