

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000024124 (7)**
1. Corporation Name
LYNDCHRIS CORPORATION

APPROVED
AND
FILED
95 MAY -1 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**1756 HUNTINGTON LANE, STE. 41
ROCKLEDGE FL 32955** **6238 HALYARD COURT
ROCKLEDGE FL 32955**

2. Principal Place of Business 2a. Mailing Address
21 **26**
State Apt. #, etc. State Apt. #, etc.
22 **6238 HALYARD CT.** **27** **6238 HALYARD CT.**
City & State City & State
23 **ROCKLEDGE FL.** **28** **ROCKLEDGE FL.**
Zip County Zip County
24 **32955** **25** **USA** **29** **32955** **30** **USA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
03/25/1994

4. FEI Number Applied For
59-228 4545 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under Section 194.01, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CELMER, JUDITH M
6238 HALYARD COURT
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code
FL

11. Pursuant to the provisions of Sections 607.0407 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 _____

12. OFFICERS AND DIRECTORS

TITLE	President + secretary
NAME	Judith Celmer
STREET ADDRESS	6238 Halyard Ct.
CITY, STATE, ZIP	Rockledge, FL 32955
TITLE	Vice President
NAME	Brenda Polando
STREET ADDRESS	Flower St.
CITY, STATE, ZIP	Melbourne, FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

TITLE	PRESIDENT + SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH CELMER	
STREET ADDRESS	6238 HALYARD CT	
CITY, STATE, ZIP	Rockledge FL 32955	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth T. Celmer	
STREET ADDRESS	6238 Halyard Ct.	
CITY, STATE, ZIP	Rockledge, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I hereby certify that the information supplied with this filing is substantially true and correct, and that the corporation is in compliance with the provisions of Sections 194.01, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate, and that the signatories shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the treasurer or controller of the corporation as reported in this report, as required by Chapter 18, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an affidavit with an address.

SIGNATURE: **Kenneth T. Celmer**
KENNETH T. CELMER
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2-27-95 **407-632-8099**