

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

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Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000043161 (6)**

1. Corporation Name

LYNNE WALDER, P.A.

Principal Place of Business

**777 S HARBOUR ISLAND BLVD
SUITE 175
TAMPA FL 33602**

Mailing Address

**777 S HARBOUR ISLAND BLVD
SUITE 175
TAMPA FL 33602**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1994	
21		26		4. FEI Number 59-3248676	Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**WALDER, LYNNE
777 S HARBOUR ISLAND BLVD
SUITE 175
TAMPA FL 33602**

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

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 familiar with, and accept the obligations of, Section 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	WALDER, LYNNE		1.2 NAME	
1.3 STREET ADDRESS	777 S HARBOUR ISLAND BLVD		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	TAMPA FL 33602		1.4 CITY-ST-ZIP	
2.1 TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
2.2 NAME			2.2 NAME	
2.3 STREET ADDRESS			2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP			2.4 CITY-ST-ZIP	
3.1 TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
3.2 NAME			3.2 NAME	
3.3 STREET ADDRESS			3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP			3.4 CITY-ST-ZIP	
4.1 TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4.2 NAME			4.2 NAME	
4.3 STREET ADDRESS			4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP			4.4 CITY-ST-ZIP	
5.1 TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5.2 NAME			5.2 NAME	
5.3 STREET ADDRESS			5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP	
6.1 TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME			6.2 NAME	
6.3 STREET ADDRESS			6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP			6.4 CITY-ST-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 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.

SIGNATURE:

Lynne Walder

3/27/98

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CR2E034 (10/97)