

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000053432 (8)**

1. Corporation Name

H.K. LYNN PRODUCTIONS, INC.



Principal Place of Business

630 H. OAK PLACE
PORT ORANGE FL 32127

Mailing Address

630 H. OAK PLACE
PORT ORANGE FL 32127

3. Date Incorporated or Qualified

07/15/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIELLY, LORNE B
69 LAZY EIGHT DRIVE
DAYTONA BEACH FL 32127**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

776 TUMBLEBROOK DRIVE

83

84 City

DAYTONA BEACH

85

Zip Code

32127

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 the supervisor

(If the Registered Agent signature requires witness, include)

Date

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	KIELLY, LORNE B	
STREET ADDRESS	69 LAZY EIGHT DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALLEY, BILLY D	
STREET ADDRESS	6981 CRESTRIDGE	
CITY-ST-ZIP	MEMPHIS TN 38119	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEGREGORY, JANIS L	
STREET ADDRESS	9449 SHORT CUT	
CITY-ST-ZIP	IRA MI 48023	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
1.3 STREET ADDRESS	776 TUMBLEBROOK DRIVE
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL. 32127
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HAILEY, BILLY D
2.3 STREET ADDRESS	4510 QUAIL FLIGHT COVE NORTH
2.4 CITY-ST-ZIP	MEMPHIS TN 38191
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **LORNE B KIELLY** *[Signature]* **7-22-96** / 904 256 1030
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)