

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018625

1. Corporation Name
LYNN SAN, INC.

Principal Place of Business
1336 SE 17TH STREET
OCALA FL 34470

Mailing Address
1336 SE 17TH STREET
OCALA FL 34470

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90152 013 ****75.00
04-14-1999 90152 014 ****75.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1995

4. FEI Number
59-3300869

Applied For
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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAN, LYNN S
1336 SE 17TH STREET
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name

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

83

84 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 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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAN, LYNN S
1336 SE 17TH STREET
OCALA FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
QUANG - SAN
1336 SE 17TH STREET
OCALA FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
MUI - SAN
2910 SW 15 ST
OCALA FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
MING - SAN
1336 SE 17TH STREET
OCALA FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
DIEN - LY
1336 SE 17TH STREET
OCALA FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
MEI - SAN
2822 SW 34 AVE
OCALA FL 34474

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
O
QUANG - SAN
1336 SE 17TH STREET
OCALA FL 34470

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
O
MUI - SAN
2910 SW 15 ST
OCALA FL 34474

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
O
MING - SAN
1336 SE 17TH STREET
OCALA FL 34474

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
O
DIEN - LY
1336 SE 17TH STREET
OCALA FL 34474

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
O
MEI - SAN
2822 SW 34 AVE
OCALA FL 34474

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99 351-351-1339
Date Daytime Phone #

CR2F034 (11/98)