

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**FILED**  
**May 27 1997 8:00am**  
**Secretary of State**

**DOCUMENT # P95000038552 (2)**

1. Corporation Name  
**JAMES P. LYON & SONS, INC.**

Principal Place of Business  
**4990 SOUTH WEST 52ND STREET, #203  
DAVIE FL 33314**

Mailing Address  
**4990 SOUTH WEST 52ND STREET, #203  
DAVIE FL 33314-5520**



3. Date Incorporated or Qualified  
**05/15/1995**

3a. Date of Last Report  
**03/26/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LYON, JAMES P  
4990 SOUTH WEST 52ND STREET, #203  
DAVIE FL 33314**

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
**D**  
NAME  
**LYON, JAMES P**  
STREET ADDRESS  
**4990 SOUTH WEST 52ND STREET, #203**  
CITY - ST - ZIP  
**DAVIE FL 33314**

TITLE  
**D**  
NAME  
**LYON, BETTY H**  
STREET ADDRESS  
**4990 SOUTH WEST 52ND STREET, #203**  
CITY - ST - ZIP  
**DAVIE FL 33314**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
**Director/Pres**  
1.2 NAME  
**James P Lyon**  
1.3 STREET ADDRESS  
**4960 SW 52 St #420**  
1.4 CITY - ST - ZIP  
**DAVIE FL 33314**

2.1 TITLE  
**Director**  
2.2 NAME  
**Betty Lyon**  
2.3 STREET ADDRESS  
**4960 SW 52 St #420**  
2.4 CITY - ST - ZIP  
**DAVIE FL 33314**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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:

**James P. Lyon**  
**President-Director**

**5/21/97**

**581-1010**

CR2E034 (9/96)