

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

**APPROVED
AND
FILED**

1997 APR 24 AM 11: 54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000067688 (8)
1. Corporation Name
CHRISTOPHER-LYN COMPANY



Principal Place of Business: **1400 VILLAGE SQUARE BOULEVARD SUITE 3-159 TALLAHASSEE FL 32312**

Mailing Address: **1400 VILLAGE SQUARE BOULEVARD SUITE 3-159 TALLAHASSEE FL 32312-1250**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **09/01/1995**
3a. Date of Last Report: **04/29/1996**
4. FEI Number: **59-3336296**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**PHIFER, DENNIS R
1400 VILLAGE SQUARE BOULEVARD
SUITE 3-159
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **500006157813--U**
83 City & State: **04/23/97--01034--003**
84 City: **FL**
85 Zip Code: ******173.75 ****173.75**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DENNIS R PHIFER	
STREET ADDRESS	1400 VILLAGE SQUARE BLVD. 3-159	
CITY- ST- ZIP	TALL FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GEORGORY R PHIFER	
STREET ADDRESS	115 N MELDOY	
CITY- ST- ZIP	LOWELL AR	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRYAN C PHIFER	
STREET ADDRESS	1400 VILLAGE SQUARE BLVD 3-159	
CITY- ST- ZIP	TALL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOANN PHIFER	
STREET ADDRESS	1400 VILLAGE SQUARE BLVD. 3-159	
CITY- ST- ZIP	TALL FL	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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 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 its 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, changed, or on an attachment with an address.

SIGNATURE: *Dennis R. Phifer, Pres.* **4-24-97** (904) **856-1412**

CR2E034 (9/96)