

<b>DOCUMENT # P95000079992</b>			
<b>1. Entity Name</b> LYKINS DEVELOPMENT SPECIALTIES, INC.			
<b>Principal Place of Business</b> 5935 TAYLOR RD NAPLES FL 34109 US		<b>Mailing Address</b> 5935 TAYLOR RD NAPLES FL 34109 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
WEBRE, HAROLD 4001 N TAMIAMI TRAIL NAPLES FL 34102			Name
			Street Address
			City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>			
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005</b> <b>Make Check Payable to Florida Department of State</b>		S 607.193(2)(b), F.S., allows for the waiver of late fee. By checking this box, the corporation did not receive prior notice. Fee to file is \$	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P LYKINS, PAUL D. 1287 11TH CT N NAPLES FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP LYKINS, CHARLES M 1287 11TH CT N NAPLES FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	
<b>11.</b>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	

[illegible]

2nd MOORE CR2E034 (5/05)

4. FEI Number <b>65-0623208</b>	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBRE, HAROLD  
4001 N TAMiami TRAIL  
NAPLES FL 34102

Name \_\_\_\_\_

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 7, 2005**

**Make Check Payable to Florida Department of State**

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

FILE	P	<input type="checkbox"/> Delete
NAME	LYKINS, PAUL D.	
STREET ADDRESS	1287 11TH CT N	
CITY-ST-/ZIP	NAPLES FL	

TITLE	VP	<input type="checkbox"/> Delete
NAME	LYKINS, CHARLES M	
STREET ADDRESS	1287 11TH CT N	
CITY-ST-ZIP	NAPLES FL	

FILE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000376048
STREET ADDRESS	08/10/05-80001-014 550.00
CITY-STATE-ZIP	

NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		

TIME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

FILE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

FILE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_