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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000060968 (0)

1. Corporation Name
LYN-RHO VENTURES, INC.



Principal Place of Business
1534 SE 37TH AVE
OCALA FL 34471

Mailing Address
1534 SE 37TH AVE
OCALA FL 34471-4961

3. Date Incorporated or Qualified
07/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3395982

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 107 NE 1ST AVE

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 City & State

28 OCALA, FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24 Zip

Country

29 34470

Country

30 MARION

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYNCH, JOHN L
1534 SE 37TH AVE
OCALA FL 34471

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME John L Lynch
1.3 STREET ADDRESS 1534 SE 37TH AVE
1.4 CITY - ST - ZIP OCALA, FL 34471

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE Vice-President ☐ Change ☒ Addition
2.2 NAME Dan Rhoden
2.3 STREET ADDRESS 33727 TARLTON DR
2.4 CITY - ST - ZIP LEESBURG, FL 34788

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Linda Lynch
3.3 STREET ADDRESS 1534 SE 37TH AVE
3.4 CITY - ST - ZIP OCALA, FL 34471

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Treasurer ☐ Change ☒ Addition
4.2 NAME Kathy Rhoden
4.3 STREET ADDRESS 33727 TARLTON DR
4.4 CITY - ST - ZIP LEESBURG, FL 34788

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Lynch

Date

Daytime Phone #

352-812-1649

CR2E034 (9/96)