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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000083896 (6)

BENTON-LYNCH, INC.

Principal Place of Business

Mailing Address

FILED May 08 1997 8:00am Secretary of State



6015 WEST RIVERSIDE DRIVE FORT MYERS FL 33919				6015 WEST RIVERSIDE DRIVE FORT MYERS FL 33919-1636											
									Date Incom 0/10/19	oorated or 96	Qualified	3a. Da	ite of La	ıst Re	port
2. Principal P.	lace of Busin	2a, Mailing A	2a, Mailing Address					El Numbe					App	lied For	
21		26	26				(65-	070	33	B B		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apr	Suite, Apt. #, etc. 27						of Status D		SB.75 Additional Fee Required				
City & State	е	Cily & Sta	Cily & State					6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe							
Zip		Country	Zip	h			Country		8. This corporation has liability for intangible tax under s. 199.032,						199.032,
24		25	29		30				Iorida Stat		-	Yes [
			irrent Registered Age	nt				10. 1	Name and	Address	of New Re	egistered /	Agent		
	gford, ge					81	Name					-			
		RAIL NORTH					Street Address (P.O. Box Number is Not Acceptable)								
NAP	LES FL 341	U3			83										
						63									
						84	City						85	Zip C	ode
44 Durayont	to the provide	one of Sections 603	.0502 and 607.1508, F	Inrida Statut	on the s		nomod o	argaration	nubmite th	io ototomo	nt for the	PL	obonai	no ito	ropiotorod
office or r	registered ago	ent, or both, in the !	State of Florida. Such cobligations of, Section 6	hange was a	authorize	d by	the corpo	ration's bo	pard of dire	ectors. I he	reby acce	pl the app	ointmer	nl as r	egistored
SIGNATURE	Signalure, typicid		ed agent and little l' applicable.	(NO)		d Age	rt signature re-					DATE			
12.		OFFICERS	S AND DIRECTORS	1 550 536	13.			A	DDITIONS	CHANGES	TO OFF	CERS AND			
TITLE	D	MARIE LANGE	L.] DELETE	1.1 71								☐ Cha	nge	Addition
NAME		WILLIAM A IT RIVERSIDE DR	il r e		1.2 N										
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NAME OTOGET ADDRESS]				2.2 N		ADDRESS								
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CITY-ST-ZIP					4.4.C	Y - S	1.7IP				_			_	
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NAME					5.2 N	AME									
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TITLE) DELETE	6.1 11	TLE							Cha	nge	Addition
NAME	1				6.2 N	AME	-								
STREET ADDRESS					635	TREET	ADDRESS								
CITY-ST-ZIP	L					ITY-S					<u>-</u>				
14. I do herei	by certify that	the information sum in this annual record	oplied with this filing do	es not quali al report is t	ify for the	exe Legge	mption sta	ted in Sec hat my sig	tion 119.0 Inature sha	7(3)(i), Flor III have the	ida Statut samo log	es. I furthe lat effect as	r certify s if mad	that t	he ler oath: tha
l am an o appears i	officer or direction Block 12 or	tor of the corporati Black 13 if change	t or supplemental annual or or the receiver or the receiver or the ed, or on an attachment	slee empoy with an add	vered to	ехес	ute this rep	port as rec	uired by C	Chapter 60	7, Florida	Statutes, a	no that	my na	ame