

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

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Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000102257 (8)

1. Corporation Name
L. LYNN KRAUM INC.



Principal Place of Business
1111 CAMAREE PLACE
PENSACOLA FL 32534

Mailing Address
1111 CAMAREE PLACE
PENSACOLA FL 32534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1997

2. Principal Place of Business 21 4062 BETTIAN AVE. Suite, Apt. #, etc. 22 City & State 23 MILTON FL Zip 24 32583	2a. Mailing Address 26 4062 BETTIAN AVE. Suite, Apt. #, etc. 27 City & State 28 MILTON, FL Zip 29 32583	4. FEI Number 59 3414368 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. Name and Address of Current Registered Agent

KRAUM, L L
1111 CAMAREE PLACE
PENSACOLA FL 32534

10. Name and Address of New Registered Agent

81 Name L LYNN KRAUM	85 Zip Code 32583
82 Street Address (P.O. Box Number is Not Acceptable) 4062 BETTIAN AVE.	
83	
84 City MILTON	FL

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 of principal officer or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	PIT L. LYNN KRAUM
STREET ADDRESS		1.3 STREET ADDRESS	4062 BETTIAN AVE.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MILTON FL 32583
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	VIS VERA D. KRAUM
STREET ADDRESS		2.3 STREET ADDRESS	4062 BETTIAN AVE.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MILTON FL 32583
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, on an attachment with an address.

SIGNATURE

Signature of principal officer or registered agent

CR2E034 (10/97)