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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020036 (4)

Block 12 or Block 13 if changed, or on an altrichment with an address

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RONALD LYNCH, INC.

Principal Place of Business Mailing Address 2500 W LAKE MARY BLVD 2500 W LAKE MARY BLVD SUITE 210 SUITE 210 DO NOT WRITE IN THIS SPACE LAKE MARY FL 32746 LAKE MARY FL 32748 3. Date Incorporated or Qualified 03/01/1997 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Žip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ROBINSON, GLORIA J 1405 WEST FAIRBANKS AVE R2 SUITE A **R3** WINTER PARK FL 32789 Zip Code 3 2 7/9 TAMONTE 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE D 1.1 THUE TITLE RONALD LYNCH LYNCH, RICHARD RONALD 1.2 NAME NAME FOX ROAD 912 RED 912 RED FOX ROAD 13 STREET ADDRESS STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** FL 32714 CITY-ST-ZIP 14 CITY-ST-ZIP Addition DELETE Change TITLE 21 TITLE 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS **3 3 STREET ADDRESS** CITY-ST-ZIP 3 4. C)TY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CiTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS 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