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

**PROFIT** CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000034339**1. Corporation Name

LYNNCO FABRICATION, INC.

## **FILED**

Jan 26, 1999 8:00am **Secretary of State** 

01-26-1999 90051 034 \*\*\*150.00



Principal Place of Business		Mailing Address							
309 S.E. STATE ROAD 47 TRENTON FL 32693		309 S.E. STATE ROAD 47 TRENTON FL 32693							
						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 04/15/1997			
2. Principal Pl	lace of Business	2a. Ma	ailing Address		<del></del>	4. FEI Number	Ар	plied For	
21		26	•			59-3450611	No	Applicable	. 3
Suite, Apt.	#, etc.		ite, Apt. #, etc.			<u>_</u>	\$8.75 A	dditional	٦.
22		27				5. Certifcate of Status Desired	Fee Re	quired	
City & State	9	Ci	ty & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zit		Count	ry	8. This corporation owes the current year Int			
24	25	29	<u></u>	30		Personal Property Tax.		□No	
	9. Name and Address of Currer	nt Registere	ed Agent	8	1 Name	10. Name and Address of New Registered	Agent		
MCD	DANIEL BORERT	ا جاء آلاي	•	١	1 Ivanie				
MCDANIEL, ROBERT 309 S.E. STATE ROAD 47			8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)				
TRENTON FL 32693				la la	3	**************************************	9	3 17	
	11101112 02000			"	1				
				8	4 City	FI	85 Zip C	Code " **	
11: Pursuant	to the provisions of Sections 607 050	02 and 607.1	1508. Florida Statute	s. the abo	ve-named corp	poration submits this statement for the purpose of	changing its	registered	
``office or re	egistered agent, or both, in the State	of Florida. S	Such change was at	uthorized t	y the corporation	on's board of directors. I hereby accept the appoi	ntment as req	gistered	
agent. I a	m familiar with, and accept the obliga	ations or, Se	ction 607.0505, Fior	rda Statute	<b>35</b> .	•			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if app	licable. (NOTE:	Registered Ag	ent signature require	od when reinstating) DATE			-
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	Š
TITLE	D		☐ DELETE	1,1 TITLE			[] Change	☐ Addition	
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NAME STREET ADDRESS, CITY-ST-ZIP	309 S.E. STATE ROAD 47	•		1.2 NAMI 1.3 STRE 1.4 CITY	ST-ZIP	·		☐ Addition	10000
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE: