

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

00000031

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P97000034975 (7)**

1. Corporation Name  
**LYONS LITHO, INC.**



Principal Place of Business

**1211 N. WESTSHORE BLVD.  
SUITE 207  
TAMPA FL 33607**

Mailing Address

**1211 N. WESTSHORE BLVD.  
SUITE 207  
TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21 3025 44th AVE. N.**

Suite, Apt. #, etc.

**22 ST. PETERSBURG FL**

**23 33714**

**24 USA**

2a. Mailing Address

**26 3025 44th AVE. N.**

Suite, Apt. #, etc.

**27 ST. PETERSBURG FL**

**28 33714**

**29 USA**

3. Date Incorporated or Qualified

**04/18/1997**

4. FEI Number

**59-3441125**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LYON, GARY J**

**1211 N. WESTSHORE BLVD.  
SUITE 207  
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**3025 44th AVE N.**

83

84 City

**ST. PETERSBURG**

FL

85 Zip Code

**33714**

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

TITLE **PD** ☐ DELETE

NAME **MARSHALL, WILLIAM**

STREET ADDRESS **1211 N. WESTSHORE BLVD. SUITE 207**

CITY-ST-ZIP **TAMPA FL 33607**

TITLE **VD** ☐ DELETE

NAME **LYONS, GARY J**

STREET ADDRESS **1130 SILBER ROAD**

CITY-ST-ZIP **HOUSTON TX 77055**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **3025 44th AVE N.**

1.4 CITY-ST-ZIP **ST. PETERSBURG FL 33714**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 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 Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

*William Marshall*

**7/31/98 727-577-6686**

CR2E034 (5/98)