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FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000035913 (7)

1. Corporation Name  
LYNN-TURNER, INC.



Principal Place of Business

~~7308 PELICAN ISLAND DRIVE~~  
~~TAMPA FL 33634~~

Mailing Address

~~7308 PELICAN ISLAND DRIVE~~  
~~TAMPA FL 33634~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 5405 CYPRESS CENTER DR  
Suite, Apt. #, etc.  
22 SUITE 280  
City & State  
23 TAMPA, FLORIDA  
Zip  
24 33609 Country  
25 USA

2a. Mailing Address  
26 5405 CYPRESS CENTER DR  
Suite, Apt. #, etc.  
27 SUITE 280  
City & State  
28 TAMPA, FLORIDA  
Zip  
29 33609 Country  
30 USA

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

59-3452124

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$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

HOLCOMB, VICTOR W  
415 S HYDE PARK AVE  
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 D  
NAME HARPER, WILLIAM H  
STREET ADDRESS 4010 STATE ST  
CITY-ST-ZIP TAMPA FL 33609

TITLE D  
NAME RATH, FREDERICK H  
STREET ADDRESS 7308 PELICAN ISLAND DRIVE  
CITY-ST-ZIP TAMPA FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 on an attachment with an address.

SIGNATURE

*[Signature]*

4-29-98 (813) 636-8860

CR2E034 (10/97)