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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000096613 (9)

FLYNN ENGINEERING & CONSTRUCTION, INC.

Principal Place of Business Mailing Address

FILED May 05 1998 8:00am Secretary of State



775 PINEWAY SANFORD FL		775 PINEWAY SANFORD FL 32773		DO NOT WRITE IN THIS 3. Date incorporated or Qualified 11/13/1997	SPACE	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21 Cuito And # 4to		Suite, Apt. #, etc.		154-48-2628	Not Applicable \$8.75 Additional	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee Required	
City & State		Cily & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible	
24	25	29	30	Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	ISWENDER, SUSAN H		81 Name			
225 BAST ROBINSON STREET			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	ITE 600		83			
OR	LANDO FL 32802		63			
			84 City	FL	85 Zip Code	
11 Pureuani	to the provisions of Sections 607.05	02 and 607 1508. Elorida Statu	ites the above-named co	progration submits this statement for the number of	e l	
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.						
•	m tamiliar with, and accept the obli	gations of, Section 607.0505, F	ionda Statutes.			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if approable (NO	TE: Registered Agent signature rec	quired when reinstating) DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	FLYNN, BRIAN J		1.2 NAME			
STREET ADDRESS	775 PINEWAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL 32773		1.4 CITY - ST - ZIP			
TITLE	Ð	DELETE	21 TITLE		Change Addition	
NAME	FLYNN, SHANNON P		2 2 NAME			
STREET ADDRESS	775 PINEWAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL 32773	- DELETE	2. 4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	3 1 TITLE	,	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3 4. CITY - ST - ZIP 4 1 TITLE		Change Addition	
TITLE			4 FIFILE 4 2 NAME		change house	
NAME ATREET ADDRESS			4.3 STREET ADDRESS			
STREET ADDRESS			4.4 City-St-ZiP			
CITY-ST-ZIP TITLE		DELETE	51 1/1LE		Change Addition	
NAME		<u></u>	5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5 4 City - St - ZIP			
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition	
NAME		<u></u>	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
	partifu that the information supplied	with this filing does not qualify		in Section 119.07(3)(i), Florida Statutes, I further c	ertify that the information	

Indicated on this annual report or supplied with this limits does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes, I further certify that the informatic 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.