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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90119 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000046569

1. Corporation Name
LYNCH IMPORTS, INC.

Principal Place of Business
2165 RIVER BLVD
JACKSONVILLE FL 32204

Mailing Address
2165 RIVER BLVD
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1998

4. FEI Number

59-3518925

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

FAIRCHILD, RONALD D
1000 RIVERSIDE AVE, STE 500
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

WILLIAM B. LYNCH

2165 RIVER BLVD

JACKSONVILLE

FL

32204

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 *William B. Lynch* WILLIAM B. LYNCH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/31/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	FAIRCHILD, RONALD D	1000 RIVERSIDE AVE, STE 500	JACKSONVILLE FL 32204	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	WILLIAM B. LYNCH	1700 MAHON AVE	DAYTONA BEACH, FL 32117	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	ROBERT P. LYNCH	1700 MAHON AVE	DAYTONA BEACH, FL 32117	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	THOMAS P. LYNCH	1700 MAHON AVE	DAYTONA BEACH, FL 32117	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	ROBERT B. BISELWORTH	2165 RIVER BLVD	JACKSONVILLE FL 32204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/98
Date

904-387-1537
Daytime Phone #

CR2E034 (1/98)