

**FILED**  
**Sep 13, 1999 8:00 am**  
**Secretary of State**

09-13-1999 90002 032 \*\*\*558.75

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P98000065843**  
 Corporation Name

30OGIE MAN BEACH WEAR, INC.

Principal Place of Business  
 1 SHEFFIELD COURT  
 MONTE SPRINGS FL 32714

Mailing Address  
 1109 SHEFFIELD COURT  
 ALTAMONTE SPRINGS FL 32714



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 07/24/1998

4. FEI Number  
 59 363 1839

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. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYNCH, ROBERT W  
 1109 SHEFFIELD COURT  
 ALTAMONTE SPRINGS FL 32714

81 Name

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

83

84 City

FL

85 Zip Code

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

## OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**PRESIDENT** ☐ DELETE  
**ROBERT W. LYNCH**  
 ET ADDRESS 1109 SHEFFIELD CT.  
 ST-ZIP ALTAMONTE SPRINGS, FL 32714

**ROBERT M. LYNCH** ☐ DELETE  
 ET ADDRESS VICE PRESIDENT - SALES  
 ST-ZIP 1109 SHEFFIELD CT.  
 ALTAMONTE SPRINGS, FL 32714

**ANDREA LYNCH** ☐ DELETE  
 ET ADDRESS TREASURER - VP  
 ST-ZIP 1109 SHEFFIELD CT.  
 ALTAMONTE SPRINGS, FL 32714

**Geoff M. Lynch** ☐ DELETE **(Director)**  
 ET ADDRESS 1109 SHEFFIELD CT.  
 ST-ZIP ALTAMONTE SPRINGS, FL 32714

☐ DELETE

☐ DELETE

☐ DELETE

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

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

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.

**GNATURE: X**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/17/99 407 788-9303

CR2E034 (5/99)

P98000065843

619580-90003-1

P98000065843 - BOOGIE MAN BEACH WEAR, INC.

Robert W. Lynch - President  
Robert M. Lynch - Vice President  
Andrea L. Lynch - Treasurer  
Geoff M. Lynch - Director

Family address: 1109 Sheffield Ct.  
Altamonte Springs, FL 32714

9/21/99