

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90136 025 \*\*\*150.00

DOCUMENT # S16801

1. Corporation Name  
LYNN DISTRIBUTORS, INC.

Principal Place of Business

813 E BLOOMINGDALE  
#153  
BRANDON FL 33511  
US

Mailing Address

813 E. BLOOMINGDALE  
SUITE 153  
BRANDON FL 33511  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1990

4. FEI Number

59-3059898

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARI, R. LAD  
813 E. BLOOMINGDALE  
SUITE 153  
BRANDON FL 33511-7945

81 Name

HARI, R. LAD.

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

1957 S.R. 60 Suite # 115

83

Valrico, FL

84 City

FL

85 Zip Code  
33594

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME LAD, R. LAD  
STREET ADDRESS 813 E. BLOOMINGDALE, SUITE #153  
CITY-ST-ZIP BRANDON FL 33511

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME LAD, HARI, R.  
1.3 STREET ADDRESS 1957 S.R. 60 Suite # 115  
1.4 CITY-ST-ZIP Valrico, FL, 33594

TITLE S ☐ DELETE  
NAME LAD, JASHU  
STREET ADDRESS 813 E. BLOOMINGDALE, SUITE #153  
CITY-ST-ZIP BRANDON FL 33511

2.1 TITLE Sec. ☒ Change ☐ Addition  
2.2 NAME LAD JASHU.  
2.3 STREET ADDRESS 1957 S.R. 60. Suite # 115  
2.4 CITY-ST-ZIP Valrico, FL, 33594

TITLE VP ☐ DELETE  
NAME LAD, YATEEN  
STREET ADDRESS 813 E. BLOOMINGDALE, SUITE #153  
CITY-ST-ZIP BRANDON FL 33511

3.1 TITLE V.P. ☒ Change ☐ Addition  
3.2 NAME LAD YATEEN.  
3.3 STREET ADDRESS 1957 S.R. 60 Suite # 115  
3.4 CITY-ST-ZIP Valrico, FL, 33594

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/99. (813) 653 0234

CR2E034 (11/98)