

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 28 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S21344** (4)
1. Corporation Name
LYNN TRUCKING INC.

Principal Place of Business Mailing Address
3630 NW 85TH WAY #208 **3630 NW 85TH WAY 208**
SUNRISE FL 33351 **SUNRISE FL 33351**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/19/1990** 3a. Date of Last Report **04/28/1994**
4. FEI Number **59-3050151** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **7314 WINDSOR MILL RD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State 27
HUDSON FL 28
City & State
24 **34667** 25 **FL** 29 30
Zip Country Zip Country

9. Name and Address of Current Registered Agent
PRIOR, DONALD W.
3630 NW 85TH WAY APT 208
SUNRISE FL 33351

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 *Donald W. Prior*

DATE **3-7-95**

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PRIOR, DONALD W.
STREET ADDRESS	3630 NW 85TH WAY APT 208
CITY - ST - ZIP	SUNRISE FL
TITLE	STD
NAME	PRIOR, JUDITH L.
STREET ADDRESS	3630 NW 85TH WAY APT 208
CITY - ST - ZIP	SUNRISE FL
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRIOR, DONALD W	
1.3 STREET ADDRESS	7314 WINDSOR MILL RD	
1.4 CITY - ST - ZIP	HUDSON, FL 34667	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRIOR, JUDITH L.	
2.3 STREET ADDRESS	7314 WINDSOR MILL RD	
2.4 CITY - ST - ZIP	HUDSON, FL 34667	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Donald W. Prior* **DONALD W. PRIOR** 3-7-95 813-862-0156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #