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FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S92206** (9)

1. Corporation Name
LYNN HAVEN HOME CENTER, INC.



Principal Place of Business

**3250 HWY 77
PANAMA CITY FL 32405**

Mailing Address

**3250 HWY 77
PANAMA CITY FL 32405-5008**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/31/1991

3a. Date of Last Report

03/13/1996

4. FEI Number

59-3142954

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

9. Name and Address of Current Registered Agent

**MCCOWAN, COLIN R.
3250 HWY 77
PANAMA CITY FL 32405**

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 607.05-02 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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

1.2 NAME **D LINDLEY, DWAIN D**

1.3 STREET ADDRESS **13 WARWICK
SHALIMOR FL**

1.4 CITY - ST - ZIP

1.5 TITLE ☐ DELETE

1.6 NAME **MCCOWAN, COLIN R**

1.7 STREET ADDRESS **407 BAYSHORE DR
PANAMA CITY BEACH FL**

1.8 CITY - ST - ZIP

1.9 TITLE ☐ DELETE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE ☐ DELETE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE ☐ DELETE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY - ST - ZIP

1.21 TITLE ☐ DELETE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.5 TITLE ☐ Change ☐ Addition

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE ☐ Change ☐ Addition

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE ☐ Change ☐ Addition

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE ☐ Change ☐ Addition

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY - ST - ZIP

1.21 TITLE ☐ Change ☐ Addition

1.22 NAME

1.23 STREET ADDRESS

1.24 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.

SIGNATURE:

Colin R. McCowan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Signature Page: 11

CR2E034 (9/96)