

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

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Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V24450** (1)

1. Corporation Name

LYONS AND ASSOCIATES INTERNATIONAL, INC.



Principal Place of Business

**4584 WETHERBEE RD
ORLANDO FL 32824
US**

Mailing Address

**4584 WETHERBEE RD.
ORLANDO FL 32824
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1992

4. FEI Number

59-3111192

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1416 Newbridge Ln

26 1416 Newbridge Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Zip

24 32825

25 USA

29 32825

30 USA

9. Name and Address of Current Registered Agent

**LYONS, KENNETH L.
4584 WETHERBEE RD
ORLANDO FL 32809**

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

[Signature]
Signature, typed or printed name of registered agent (and not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

01/8/98

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **LYONS, KENNETH L.**
STREET ADDRESS **4584 WETHERBEE RD.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V.P.** ☐ Change ☒ Addition
1.2 NAME **Kelly LYONS**
1.3 STREET ADDRESS **1416 Newbridge Ln**
1.4 CITY-ST-ZIP **Orlando, FL 32825**

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

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:

[Signature]
Signature and typed or printed name of signing officer or director

1/8/98

(407) 306-0801

CR2E034 (10/97)