

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 03 1997 8:00am
Secretary of State

DOCUMENT # **V49766**

(1)

1. Corporation Name

LYNN'S AUTOMOTIVE REPAIR CENTER, INC.

Principal Place of Business

**915 U.S. 27 SOUTH
AVON PARK FL 33825**

Mailing Address

**915 U.S. 27 SOUTH
AVON PARK FL 33825-4917**

3. Date Incorporated or Qualified

07/09/1992

3a. Date of Last Report

07/26/1996

4. FEI Number

65-0360277

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

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SUNSERI, LYNN
1945 S. AVON ESTATES BLVD.
AVON PARK FL 33825**

10. Name and Address of New Registered Agent

81 Name

LYNN A. BLALOCK

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

1945 S. AVON ESTATES BLVD

83

84 City

AVON PARK

FL

85 Zip Code

33825

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

Lynn A. Blalock

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLALOCK, LYNN A.	
STREET ADDRESS	1945 S. AVON ESTATES BLVD.	
CITY - ST - ZIP	AVON PARK FL	
TITLE	AP	<input type="checkbox"/> DELETE
NAME	BLALOCK, TIM	
STREET ADDRESS	1945 S. AVON EST BLD	
CITY - ST - ZIP	AVON PARK FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SWANSON, BETTY	
STREET ADDRESS	2301 CARPENTER ROAD	
CITY - ST - ZIP	AVON PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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:

Lynn A. Blalock

LYNN A. BLALOCK

1/8/97

941 453 2225

Date

Daytime Phone #

CR2E034 (9/96)