## 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

## DOCUMENT # V56184

Corporation Name

LYNCH ENGINEERING CONSULTANTS, INC.

2					
Principal Place of Business		Mailing Address			
4431 WINDING OAKS CIRCLE MULBERRY FL 33860		4431 WINDING OAKS CIRCLE MULBERRY FL 33860			*
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
	<u></u>			08/06/1992	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26	<del></del>	59-3134735	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required	
City & Cotate		City & State			
City & State		<del>}</del> 1		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip	Country	28	Country	8. This corporation owes the current year Intan	
4	25	29 30			]Yes □No
	9. Name and Address of Currer	_ — _ — — — — — — — — — — — — — — — — —		10. Name and Address of New Registered Ag	gent
			81 Name	,	
LYNCH, DANIEL 4431 WINDING OAKS CIRCLE MULBERRY FL 33860			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
			62 Street Addi	, , , , , , , , , , , , , , , , , , ,	}
			83		(
			24 2		85 Zip Code
			84 City	FL	55 Zip Code
SIGNATURE	Signature, typed or printed name of registered age	ont and little if applicable (NOTE: Reg	istered Agent signature require	d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, DAN H	i i	1.2 NAME		
STREET ADDRESS	1321 MERLYN ST.		1.3 STREET ADDRESS		İ
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CiTY-ST-ZiP	•	
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, JEAN S		2.2 NAME	,	
STREET ADORESS:	AND A SECOND VALOR		2.3 STREET ADDRESS		1
CITY-ST-ZIP	LAKELAND FL 33813		2. 4 CITY-ST-ZIP	المرابعة فالسافية المستهارية	
TITLE		☐ DELETE	3,1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<del></del>	☐ DELETE	S,1 TITLE		Change Addition
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		Ì
CITY-ST-ZIP		——————————————————————————————————————	54 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		☐ DELETE	1		Collaringe C Addition
NAME	1		6.2 NAME		. 1

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Sariel Types

DANIOL LYNOH

2/20/99

941/425 3354 Dayme Phone #

;R2E034 (11/98)

**FILED** 

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90040 031 \*\*\*150.00