

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra G. Northan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # G68519 (9)

95 MAY -1 AM 9:46

1. Corporation Name
LYNN MARINE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **8751 W. BROWARD BLVD. PLANTATION FL 33324**
Mailing Address: **8751 W. BROWARD BLVD. PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/07/1983**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business: **5015 SPEEDWAY DR**
2a. Mailing Address: **5015 SPEEDWAY DR**

4. FEI Number: **59-2339767**
Applied For: Not Applicable

22. State, Apt. #, etc.: **FL WAYNE, IN**
27. State, Apt. #, etc.: **FL WAYNE, IN**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **FT. WAYNE, IN**
28. City & State: **FT. WAYNE, IN**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **46825** 25. County: **ALLEN**
29. Zip: **46825** 30. County: **ALLEN**

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GEIST, RANDALL R.
28 MARLWOOD LANE
PALM BEACH GARDENS FL 33418**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when naming)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GEIST, RANDALL R.
STREET ADDRESS	28 MARLWOOD LANE
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418
TITLE	ST
NAME	SHERK, GORDON G
STREET ADDRESS	5015 SPEEDWAY DR.
CITY - ST - ZIP	FT. WAYNE IN 46825
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	<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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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]* **4-28-95 217 484-5245**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR