

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90085 036 ***150.00

DOCUMENT # F82411

1. Corporation Name

DAVE LINCOLN CONTRACTING, INC.

Principal Place of Business

2061 OAKS BLVD
NAPLES FL 33999

Mailing Address

2061 OAKS BLVD
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1982

4. FEI Number

59-2195072

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 the current year intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 2061 OAKS BLVD.

26 2061 OAKS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 NAPLES, FL

Zip Country

24 34119-8754 25 USA

27 City & State

28 NAPLES, FL

Zip Country

29 34119-8754 30 USA

9. Name and Address of Current Registered Agent

LINCOLN, DAVID B
2061 OAKS BLVD
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name

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

2061 OAKS BLVD.

83

84 City

NAPLES

FL

85 Zip Code

34119

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LINCOLN, DAVID B
STREET ADDRESS 2061 OAKS BLVD
CITY-ST-ZIP NAPLES FL

TITLE VS
NAME LINCOLN, RUTHANN
STREET ADDRESS 2061 OAKS BLVD
CITY-ST-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP NAPLES, FL 34119

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP NAPLES, FL 34119

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

Ruthann Lincoln
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

Date

944-598-4203

Daytime Phone #

CR2E034 (11/98)