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**APPROVED
AND
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**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 21 PM 2:18

DOCUMENT # K48264 (1)

1. Corporation Name
LINWOOD CONSULTANTS, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**299 SOUTHEAST PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34984** **299 SOUTHEAST PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34984**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/01/1988		3a. Date of Last Report 04/08/1994	
4. FEI Number 65-0086988		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**GARDNER, LINDA
299 SOUTHEAST PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34984**

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab... 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... familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I hereby accept the appointment as registered agent. I am

SIGNATURE (NOTE: Registered agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, LINDA	1.2	Gardner, Linda
STREET ADDRESS	1252 SW WELLINGTON AVE	1.3	2001 S.E. Pyramid Rd.
CITY - ST - ZIP	PT ST LUCIE FL	1.4	Port St Lucie FL 34952
TITLE		2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2	
STREET ADDRESS		2.3	
CITY - ST - ZIP		2.4	
TITLE		3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2	
STREET ADDRESS		3.3	
CITY - ST - ZIP		3.4	
TITLE		4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	
STREET ADDRESS		4.3	
CITY - ST - ZIP		4.4	
TITLE		5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	
STREET ADDRESS		5.3	
CITY - ST - ZIP		5.4	
TITLE		6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	
STREET ADDRESS		6.3	
CITY - ST - ZIP		6.4	

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report and accounts 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 trust or receiver or trustee named to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 4/18/95 Date 407-340-0527 License #