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

PROFIT CORPORATION ANNUAL REPORT



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

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	19	96	

P93000083340 (8) **DOCUMENT #** 1. Corporation Name

LARSEN - LINESCH ENTERPRISES, INC.

Principal	Place o	of Busir	noss	
		WY. 19	NORTH	

Mailing Address

34826 U.S. HWY. 19 NORTH PALM HARBOR FL 34684



								3. Date Incorporated or Qualified 12/06/1993	3a. Date of Las 04/18/	
	Bee	ess fond Road	2a. 26	Mailing Addres	ee P	and Ro	ad	4. FEI Number 59-3212586		Applied For Not Applicable
Suite, Apt 4			27	Suite, Apt. #, e	etc.	**		5. Certificate of Status Desired	1 1	75 Additional se Required
Oity & State	n Ha	rbor FL		City & State Palm	Harho	oc E	L	6. Election Campaign Financing		.00 May Be
Zip A		Country		7 ₁₀		Country		Trust Fund Contribution 8. This corporation has liability for	Au	ded to Fees
1 346	83	25 Pinellas	29	[^] "3468	ح ₃₀	Pinelle	NS	Florida Statutes	; DNo	
	9, Name	and Address of Cur	rent Registe	ered Agent		81 Na	nne 🔨	10. Name and Address of New F	·	7
34826 L	H, DAVID (J.S. HWY, IARBOR FI	19 NORTH						ss (P.O. Box Number is Not Acceptate	es RS	
familiar wit SIGNATURE	ed agent, or h, and acce	ons of Sections 607.0 both, in the State of F pt the obligations of, S	ionaa, Such Section 607.0	cnange was ai 505, Florida St	uthorized by latutes.	ne above name	on's board	tition submits this statement for the put of directors. I hereby accept the app	ointment as registe	37683 is registered officed agent. I am
12.	contract the extension		AND DIRECT	·	(IA) TE, HB	13.	тоге гедомед	when reinstating! ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIREC	TORS IN 12
TUF NAME SEMEST ADDRESS	700 BE	CH, DAVID J E POND ROAD		☐ DELET	E	1 1 THILE 12 NAME 13 STREET ADDR	RESS		☐ Chang	
-1Y S1-7(F) i	MALMI	HARBOR FL			ľ	1 # CITV . ST . 7IP				
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OLE AME OREFLADORESS ON ST-ZIP OLE MARE OREFLADORESS OLY ST-ZIP OLE OLE OLE OLE OLE OLE OLE OL	MALM	HARBOR FL		☐ DELETI	E	2 1 TITLE 2 2 NAME 2 3 STREET ADDR 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDR 3 4 CITY-ST-ZIP 4 1 TITLE 4.2 NAME 4 3 STREET ADDR 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME	RESS ESS	•	Chang	e Addition
CHY ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE AAME STREET ADDRESS CHY-ST-ZIP HELE NAME STREET ADDRESS CHY-ST-ZIP HILE NAME STREET ADDRESS STREET ADDRESS	PALM I	HARBOR FL		□ DELET	E E	2 1 TITLE 22 NAME 23 STREET ADDR 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDR 34 CITY-ST-ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5 1 TITLE 52 NAME	FESS FESS FESS	•	Chang	e Addition e Addition Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISACTOR

1/1401 796-0010