

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 164005

1. Entity Name
LINGLE FRUIT CORPORATION



Principal Place of Business

% GLENN A. LINGLE
312 LAKE BLVD
SANFORD, FL 32773

Mailing Address

% GLENN A. LINGLE
312 LAKE BLVD.
SANFORD, FL 32773



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-0884917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LINGLE, G KURT
111 LOCH ARBOR COURT
SANFORD FL 32771

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: V/D
NAME: LINGLE, GLENN KURT
STREET ADDRESS: 111 LOCH ARBOR CT
CITY-ST-ZIP: SANFORD, FL. 32773,

TITLE: P/D
NAME: LINGLE, GLENN A.
STREET ADDRESS: 312 LAKE BLVD
CITY-ST-ZIP: SANFORD, FL 32773,

TITLE: S/D
NAME: LINGLE, JANE D.
STREET ADDRESS: 312 LAKE BLVD
CITY-ST-ZIP: SANFORD, FL 32773,

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DO NOT WRITE
IN THIS SPACE

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02/08/07-80036-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

G. Kurt Lingle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. KURT LINGLE

1-31-07

407 644-8803

Date

Daytime Phone #