

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 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



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0884917

Applied For
Not Applicable

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000777524
01/10/08-80011-011 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LINGLE, GLENN KURT
111 LOCH ARBOR CT
SANFORD, FL 32773,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LINGLE, GLENN A.
312 LAKE BLVD
SANFORD, FL 32773,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
LINGLE, JANE D.
312 LAKE BLVD
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**

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* **G. KURT LINGLE** **1-7-08 407 644-8803**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #