

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90050 040 \*\*\*158.75

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **174144**

1. Corporation Name  
**LINDER INDUSTRIAL MACHINERY COMPANY**

Principal Place of Business  
 1601 S. FRONTAGE RD.  
 PO BOX 4589  
 PLANT CITY FL 33564

Mailing Address  
 1601 S. FRONTAGE RD.  
 PO BOX 4589  
 PLANT CITY FL 33564



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/18/1953**

4. FEI Number  
**59-0694097** Applied For  
 Not Applicable

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

6. Election Campaign Financing  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22  
 City & State 23  
 Zip 24 Country 25

2a. Mailing Address  
 26 Suite, Apt. #, etc. 27  
 City & State 28  
 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**HOLZ, KENNETH A**  
**1601 S. FRONTAGE RD**  
**PLANT CITY FL 33566**

10. Name and Address of New Registered Agent  
 81 Name **Smith, Peggy H.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1601 S. Frontage Rd.**  
 83  
 84 City **Plant City** **FL** 85 Zip Code **33566**

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 *Peggy H. Smith* **Peggy H. Smith** 1/28/99  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, JEFFREY G.	1.2 NAME	Smith, Peggy H.
STREET ADDRESS	1601 S. FRONTAGE RD.	1.3 STREET ADDRESS	1601 S. Frontage Rd.
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Plant City FL
TITLE	VST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLZ, KENNETH, A	2.2 NAME	
STREET ADDRESS	1601 S. FRONTAGE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSINSKY, FLOYD	3.2 NAME	
STREET ADDRESS	1601 S FRONTAGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Jeffrey G. Cox* **Jeffrey G. Cox** 1/28/99 (813) 754-2727  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)