

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

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1997 JUL 29 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT # 193261</b> 1. Corporation Name <b>LINDGREN REALTY INC</b>	<b>(5)</b>
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Principal Place of Business <b>C/O CARL J. LINDGREN JR. PO BOX 3487 VERO BCH FL 32964 US</b>	Mailing Address <b>C/O CARL J. LINDGREN JR. PO BOX 3487 VERO BCH FL 32964 US</b>
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2. Principal Place of Business 21 <b>551 Cypress Road</b> Suite, Apt. #, etc. 22 City & State 23 <b>Vero Beach, FL</b> Zip 24 <b>32963</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>551 Cypress Road</b> Suite, Apt. #, etc. 27 City & State 28 <b>Vero Beach, FL</b> Zip 29 <b>32963</b> Country 30 <b>USA</b>
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified <b>05/21/1956</b>	3a. Date of Last Report <b>01/25/1996</b>
4. FEI Number <b>59-0777803</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LINDGREN, CARL J JR 551 CYPRESS RD VERO BCH FL 32963</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VTD</b>
STREET ADDRESS	<b>MACAULEY, ALMA JANE</b>
CITY - ST - ZIP	<b>33 GERRISH LANE NEW CANAAN, CT 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PSD</b>
STREET ADDRESS	<b>LINDGREN, CARL J JR</b>
CITY - ST - ZIP	<b>551 CYPRESS RD VERO BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, 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: *Carl J Lindgren* 7/23/97 1761 7/23/97

CR2E034 (4/97)

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**LINDGREN REALTY, INC.  
P. O. BOX 3487  
VERO BEACH, FLORIDA 32964**

July 23, 1997

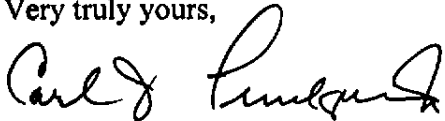
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Attn: Annual Reports Filings

I spoke with one of your representatives this morning and informed her that we had received a 2nd Notice Profit Corporation Annual Report Packet on three small family corporations but had never received the original mailings at our P. O. Box here in Vero Beach. She advised that there had been some difficulties with the original mailing and that we should write a note such as this and enclose it with our annual report. Furthermore we could ignore the penalty aspect of the 2nd Notice and just pay the annual fee of \$165.00. She also advised that since there was to be some correspondence along with the annual report that it should be mailed to the above address and not to P. O. Box 1500 as the pre-printed envelope enclosed with the packet mailing requested.

Thanking you in advance, I am,

Very truly yours,



Carl J. Lindgren, Jr.