

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90032 049 \*\*\*150.00

**DOCUMENT # 269684**

1. Corporation Name

**GEORGE M. LINVILLE CORP.**



Principal Place of Business

6842 ST AUGUSTINE RD  
JACKSONVILLE FL 32217

Mailing Address

6842 ST AUGUSTINE RD  
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1972

4. FEI Number

59-1003486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

LINVILLE, GEORGE M  
6842 ST AUGUSTINE RD  
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 George M. Linville

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

(NOTE: Registered Agent signature required when reinstating)

4.5.99

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE  
NAME LINVILLE, GEORGE M  
STREET ADDRESS 6842 ST. AUGUSTINE RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VS ☐ DELETE  
NAME LINVILLE, JO ANN  
STREET ADDRESS 6842 ST. AUGUSTINE RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME LINVILLE, GEORGE M  
STREET ADDRESS 6842 ST. AUGUSTINE RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME LINVILLE, JO ANN  
STREET ADDRESS 6842 ST. AUGUSTINE RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 line empowered.

SIGNATURE: George M. Linville  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.5.99  
Date

904.7336620  
Daytime Phone #

CR2E034 (1/1/98)