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**PROFIT CORPORATION** ANNUAL REPORT 1999

DOCUMENT # 269684

1. Corporation Name



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



GEORGE	M. LINVILLE CORP.								
Principal Place	of Business	Mailing Address	-	-	I (Bai(O IIÈ)O EIIIO (OLLO ELIBO (OII	.,	.	811 <b>8</b> 1811 18 <b>8</b> 1	
6842 ST AUGUS	STINE RD	6842 ST AUGUSTINE RD							
		JACKSONVILLE FL 32217	JACKSONVILLE FL 32217		DO NOT WRIT	TE IN THIS :	SPACE		
					3. Date Incorporated or Qualifed	IL 114 11 110 .	517.C <u>C</u>		
					09/25/1972				
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
Z. Fillicipai ()	aca di business	26			59-1003486		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional	
22	.,	27			5. Certifcate of Status Desired		Fee Re	quired	_
City & State	<del>0                                    </del>	City & State		-5	6. Election Campaign Financing		\$5.00	May Be	_
23		28			Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Inta			
24	25	29 3	0		Personal Property Tax.	<del></del>	Yes	□No	
	9. Name and Address of Currer	nt Registered Agent	- 04		10. Name and Address of New R	legistered #	Agent		
4 14 13 22			81	Name				Ì	
	ILLE,GEORGE M		82	Street Add	dress (P.O. Box Number is Not Accepta	ble)			
	ST AUGUSTINE RD						<del>-</del>		
JACK	(SONVILLE FL 32217		83					}	
			84	City		FL	85 Zip (	Code	
			1						
					ti turita dala sasa ana a fan da a		abanaina ite		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above	e-named cor the corporat	pocation submits this statement for the tions board of directors. I hereby accept	purpose of one of the purpoint of the purpose of the purpo	changing its itment as re	registered gistered	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	22 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid	s, the above horized by de Statutes	e-named cor the corporat	pocation submits this statement for the ion's board of directors. I hereby accept	purpose of the appoint	changing its itment as re	registered gistered	
11. Pursuant office or re agent. I a SIGNATURE	GEORGE M. Li	NUTTE XX	me	4	pocation submits this statement for the ion's board of directors. I hereby accept	purpose of on the appoint	changing its atment as re	registered gistered	_
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	gistered Agen	4	red when reinstating)	DATE	<u>•14</u>		(00)
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	gistered Agen	4		DATE	<u>•14</u>		(00)
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered ages OFFICERS AN	nt and title if applicable. (NOTE:	gistered Agen 13. 1.1 TITLE	4	red when reinstating)	DATE	JY D DIRECTO	RS IN 12	744 (00)
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PT LINVILLE, GEORGE M	nt and title if applicable. (NOTE:	gistered Agen 13. 1.1 TITLE 1.2 NAME	nt signature requir	red when reinstating)	DATE	JY D DIRECTO	RS IN 12	1004 (44,500)
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PT LINVILLE, GEORGE M 6842 ST. AUGUSTINE RD.	nt and title if applicable. (NOTE:	gistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requir	red when reinstating)	DATE	JY D DIRECTO	RS IN 12	7007 744 5007
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PT LINVILLE, GEORGE M 6842 ST. AUGUSTINE RD. JACKSONVILLE FL	nt and title if applicable. (NOTE:	gistered Agen 13. 1.1 TITLE 1.2 NAME	nt signature requir	red when reinstating)	DATE	JY D DIRECTO	RS IN 12	CDOFF094 (44/00)
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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 an other life empowered.

904.7336620