

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 322525 (7)

1. Corporation Name

F. M. LINER CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

1640 LAND O'LAKES BLVD.
LUTZ FL 33549

1640 LAND O'LAKES BLVD.
LUTZ FL 33549

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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29

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/26/1967

3a. Date of Last Report

07/27/1995

4. FEI Number

59-1200181

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 has liability for intangible tax under s. 199.032,
Florida Statutes.

☒

Yes

☐

No

10. Name and Address of New Registered Agent

LINER, F. M.
1640 LAND O'LAKE BLVD.
LUTZ FL 33549

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

Signature of Registered Agent (Printed Name and Address of Agent and Date of Signature)

Signature of Registered Agent (Printed Name and Address of Agent and Date of Signature)

(Date)

12. OFFICERS AND DIRECTORS

TITLE P
NAME LINER, F.M.
STREET ADDRESS 1640 LAND O'LAKES BLVD.
CITY-ST-ZIP LUTZ FL 33549

☐ DELETE

TITLE
NAME
STREET ADDRESS
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 87, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F.M. LINER, Pres.

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***375.00

CR2E034 (3/96)