


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90304 021 ***150.00

DOCUMENT # 361696

1. Entity Name
LINK-MORGAN CORPORATION



Principal Place of Business
**848 N. DONNELLY STREET
MT. DORA FL 32757
US**

Mailing Address
~~P. O. BOX 958~~
**MT. DORA FL 32757
US**

2. Principal Place of Business
848 DONNELLY ST.

3. Mailing Address
3640 LAKE ELEANOR DR.

Suite, Apt. #, etc.

City & State
MOUNT DORA, FL

City & State
MOUNT DORA, FL

Zip
32757 Country
USA

Zip
32757 Country
USA

4. FEI Number **59-1289973** Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LINK JR, HENRY W
1618 HILLTOP DR
MT DORA FL**

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE P | <input type="checkbox"/> Delete |
| NAME LINK JR, HENRY W | |
| STREET ADDRESS 848 DONNELLY ST. | |
| CITY-ST-ZIP MT DORA FL | |
| TITLE VP | <input checked="" type="checkbox"/> Delete |
| NAME MORGAN, JACK B | |
| STREET ADDRESS 848 DONNELLY ST. | |
| CITY-ST-ZIP MT DORA FL | |
| TITLE ST | <input type="checkbox"/> Delete |
| NAME DELIBRO, CAREY A. | |
| STREET ADDRESS 848 N. DONNELLY ST. | |
| CITY-ST-ZIP MOUNT DORA FL | |
| 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 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SHARON E. LINK | |
| STREET ADDRESS 3640 LAKE ELEANOR DR | |
| CITY-ST-ZIP MOUNT DORA, FL 32757 | |
| TITLE ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CAREY A. DELIBRO | |
| STREET ADDRESS 3640 LAKE ELEANOR DR | |
| CITY-ST-ZIP MOUNT DORA, FL 32757 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry W Link Jr DATE: 4.22.03 (352)383-4166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)