

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 16, 1999 8:00 am
Secretary of State

04-16-1999 90045 047 ***158.75

DOCUMENT # 366097

1. Corporation Name
LINDAHL, BROWNING, FERRARI & HELLSTROM, INC.

Principal Place of Business
5000 BLDG. 210 JUPITER LAKES
PO BOX 727
JUPITER FL 33468-7727

Mailing Address
5000 BLDG. 210 JUPITER LAKES
PO BOX 727
JUPITER FL 33468-7727

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1970

4. FEI Number

59-1305943

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

21 3550 SW Corporate Pkwy

Suite, Apt. #, etc.

22

City & State

23 Palm City, Florida

Zip

24 34990

Country

25 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28 Same

Zip

29 Same

Country

30 Same

9. Name and Address of Current Registered Agent

LINDAHL, LENNART E.
210 JUPITER LAKES BLVD.
BLDG. 5000, SUITE 104
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name

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

3550 SW Corporate Parkway

83

84 City Palm City

FL

85 Zip Code 34990

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

(NOTE: Registered Agent signature required when reinstating)

4-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE SVD
NAME SANDERS, M E
STREET ADDRESS 2222 COLONIAL RD, STE 201
CITY-ST-ZIP FT PIERCE FL ☐ DELETE

TITLE CD
NAME LINDAHL, LENNART E
STREET ADDRESS 5000 BLDG 210 JUPITER LK
CITY-ST-ZIP JUPITER, FL 00000 ☐ DELETE

TITLE DV
NAME CHARLES, G Y
STREET ADDRESS 5000 BLDG 210 JUPITER LAKES BLVD
CITY-ST-ZIP JUPITER FL ☐ DELETE

TITLE PD
NAME HELLSTROM, RICHARD B
STREET ADDRESS 2222 COLONIAL RD STE 201
CITY-ST-ZIP FT PIERCE, FL 00000 ☐ DELETE

TITLE VD
NAME HERMESMEYER, MICHAEL T.
STREET ADDRESS 2400 S.E. MONTEREY ROAD, #201
CITY-ST-ZIP STUART FL ☐ DELETE

TITLE DV
NAME VOKOUN, T C
STREET ADDRESS 2400 SE MONTEREY RD, 201
CITY-ST-ZIP STUART FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3550 SW Corporate Parkway
1.4 CITY-ST-ZIP Palm City, FL 34990

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS Same as above
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS Same as above
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS Same as above
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS Same as above
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS Same as above
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99

561-256-3883

CR2E034 (11/98)

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