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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 480160 1. Corporation Name						02-17-1999	90012 041 ***1	.50.00	
LYNDALE INVESTMENTS, INC.						16 1 (81) (80) 81 (1)	PIN NAMA NAMA NAMA NA	ELI BIBRI BKBR BIB	
Principal Place	of Business	Mailing Address				8 8 1 8 8 1 14 9 6 8 1 1 3 1	110 Attil 4811 Attil 411	#11 #1#11 #1# 11 #1#	
4257 OAK LANE		4257 OAK LANE							
P.O. BOX 1526 P.O. BOX 1526						DO NOT	WRITE IN THIS	SPACE	
ST. AUGUSTINE FL 32085 ST. AUGUSTINE FL 32085					3. Date Incorpo				_ _
					07/08/197	' 5			
2. Principal Place of Business 2a. Mailing Add					4. FEI Number			App	lied For
21		26				59-1647272			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of	Status Desire	ed 🔲	\$8.75 Ac	
22		27							·
City & State					6. Election Car		cing	\$5.00 N Added to	•
23 28			Country		Trust Fund (1 663
Zip Country Zip 24 25 29 30			— ·		8. This corpora		current year Int	arigibie ⊠Yes [□No
24	9. Name and Address of Currer	30				lew Registered		··	
	9. Name and Address of Curren	it Registered Agent	81	Name			<u> </u>	<u> </u>	
DIMSDALE, JAMES E.					ress (P.O. Box Num	her is Not Ac	centable)		
4257 OAK LANE			82	Street Addi	1622 (F.O. DOX 1401)	ibei is Not Ao		<u> </u>	
ST. AUGUSTINE FL 32086			83						机温度
			0.4	Cit.			, , , , , , , , , , , , , , , , , , , ,	85 Zip C	
]			84	City	•		FL	. `	• •
office or readent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga				poration submits this ion's board of direct	s statement fo ors. I hereby a	or the purpose or accept the appoi	changing its i ntment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Age	nt signature require	ed when reinstating)		DATE		50.01.40
12.	OFFICERS AI	ND DIRECTORS	13.			CHANGES TO	O OFFICERS AN	ND DIRECTOR	Addition
TITLE	P DELETE		1.1 TITLE						
NAME	DIMSDALE, JAMES E.		1.2 NAME						
STREET ADORESS	39 OAK LANE			TADDRESS					•
CITY-ST-ZIP	ST AUGUSTINE FL	E) active	1.4 CITY-S	ST-ZIP	 			Change	Addition
TITLE	V DELETE		2.1 TITLE						_
NAME	DIMSDALE, JOHN E.		2.2 NAME	T.1000ECC					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-	51-21				Change	☐ Addition
TITLE	STD	_							
NAME	DIMSDALE, RUTH L		3.2 NAME	T ADDRESS					L :
STREET ADDRESS	4257 OAK LANE ST AUGUSTINE FL		3.4. CITY-				200	¥	4.0
CITY-ST-ZIP TITLE	SI AUGUSTINE PL	☐ DELET€	4.1 TITLE		-			☐ Change	Addition
NAME			4. 2 NAME			•			-
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				<u> </u>	
TITLE		☐ DELETE	5,1 TITLE					☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-					Change	☐ Addition
TITLE		☐ DELETE	6.1 TITLE	i	•			☐ Change	☐ vaaimon
NAME			6.2 NAME						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP