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 15, 1999 8:00 am Secretary of State

04-15-1999 90048 028 ***150.00

DOCUMENT	#,	61	096	3
Corneration Name		J	000	_

LINDSEY INVESTMENT, CO.									
Principal Place	e of Business	Mailing A	Address	<u> </u>		<u></u>		BIBIL WINI BIN	IAK BIBH BIBH KOBL
1015 48TH TER VERO BCH FL	R ,	1015 48T VERO BO	TH TERR CH FL 32966				DO NOT WRITE IN THIS	S SDACE	
							3. Date Incorporated or Qualifed 02/23/1979	7 ST AGE	
2. Principal Pl	lace of Business	2a. Maili 26	ng Address				4, FEI Number 59-1895715	<u> </u>	Applied For Not Applicable
Suite, Apt.	#, etc.		a, Apt. #, etc. "				5. Certificate of Status Desired	,	Additional Required
City & State	e		& State	• • • • • • • • • • • • • • • • • • • •			6. Election Campaign Financing Trust Fund Contribution	•	May Be d to Fees
Zip 24	Country 25	Zip		Cou	ntry		This corporation owes the current year In Personal Property Tax.	tangible Yes	□No
	g. Name and Address of Curr	ent Registered	Agent				10. Name and Address of New Registered	Agent	
LINE	OCTY CARY W				81	Name			h h
1015	OSEY, GARY W. 5 48TH TERR.				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
VER	O BEACH FL				83				
					84	City	Fl	85 Zi	p Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	re of Florida Su	ich change was a	utnonzed	DV 1	tne corpora	rporation submits this statement for the purpose o tion's board of directors. I hereby accept the appo	intment as	registered registered
SIGNATURE	Signature, typed or printed name of registered a	pent and title if applica	able. (NOTE	: Registered	Agent	t signature requi	(red when reinstating) DATE		
12.		AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	
TITLE	PD		☐ DELETE	1,1 Π	LE			Chang	ge 🗌 Addition
NAME	LINDSEY, GARY W.			1.2 NA	ME				
STREET ADDRESS	1015 48TH TERR.			1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			1.4 CF		r-ZIP			Addition
TITLE	,		☐ DELETE	2.1 ∏				Chang	ge 🔲 Addition
NAME	•			2.2 N					ĺ
STREET ADDRESS	<u></u>		- L L .	~ ` "		ADDRESS	y the second second	*1 · =	}
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NAME				4. 2 N					
STREET ADDRESS				4.3 ST	REET	ADDRESS			}
CITY-ST-ZIP				4.4 CI	TY-S1	T-ZIP			
TITLE			☐ DELETE	5.1 TI	LΕ			☐ Chang	ge Addition
NAME				5.2 NA	ME		-		
STREET ADDRESS				5.3 ST	REET	ADDRESS			
CITY-ST-ZIP				5.4 CI		T-ZIP			
TITLE			☐ DELETE	6.1 🏋		1		Chang	ge
NAME '				6.2 N/					ļ
STREET ADDRESS	1.6			6.3 S1	REET	ADDRESS			

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 supplier antal 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.

6.4 CITY-ST-ZIP

SIGNATURE: