# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 3:05

DOCUMENT # 642263 (8)

1. Corporation Name
LINDSAY, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 106 SOUTH SIXTH STREET<br>PO DRAWER 1047<br>DADE CITY FL 33526-6047 | 106 SOUTH SIXTH STREET<br>PO DRAWER 1047<br>DADE CITY FL 33526-6047 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/15/1979
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21 14150 - 6th Street
Suite, Apt. #, etc.
22 Same
City & State
23 Same
Zip 24 33525 Country 25 Same

2a. Mailing Address
26 14150 - 6th Street
Suite, Apt. #, etc.
27 Same
City & State
28 Same
Zip 29 33526-1047 Country 30 Same

4. FEI Number: 59-1960453 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SUMNER, ROBERT D.
106 SOUTH SIXTH STREET
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 14150 - 6th Street
83
84 City: Same FL 85 Zip Code: Same

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: Robert D. Sumner — Robert D. Sumner January 10, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LINDSAY, KENNETH W. | 1.2 NAME | |
| STREET ADDRESS | 708 SHADOW DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DADE CITY FL | 1.4 CITY-ST-ZIP | |
| TITLE | STD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LINDSAY, HENRIETTA M. | 2.2 NAME | |
| STREET ADDRESS | 708 SHADOW DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DADE CITY FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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(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.

SIGNATURE: Kenneth W. Lindsay 1-17-95 904-521-3374
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0266483 CP