

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 642263

(8)

1. Corporation Name

LINDSAY, INCORPORATED

Principal Place of Business

14150-6TH STREET  
DADE CITY FL 33525  
US

Mailing Address

14150-6TH STREET  
PO DRAWER 1047  
DADE CITY FL 33526-1047  
US



2. Principal Place of Business

2a. Mailing Address

21 15515 U S 301

26 P O BOX 186

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 DADE CITY FL

28 DADE CITY FL

Zip

Country

Zip

Country

24 33525

25 PASCO

29 33526-0186

30 PASCO

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/15/1979

3a. Date of Last Report

01/24/1995

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

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

SUMNER, ROBERT D.  
14150-6TH STREET  
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name

CHARLES D WALLER

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

37927 LIVE OAK AVENUE

83

84 City

DADE CITY

FL

85 Zip Code  
33525

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 607.0502, Florida Statutes.

CHARLES D WALLER

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LINDSAY, KENNETH W.  
STREET ADDRESS 708 SHADOW DR.  
CITY-ST-ZIP DADE CITY FL  
☒ DELETE

TITLE STD  
NAME LINDSAY, HENRIETTA M.  
STREET ADDRESS 708 SHADOW DR.  
CITY-ST-ZIP DADE CITY FL  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

1.1 TITLE

PRESIDENT/DIRECTOR

☒ Change ☐ Addition

1.2 NAME

KENNETH W LINDSAY JR

1.3 STREET ADDRESS

15515 U S 301

1.4 CITY-ST-ZIP

DADE CITY FL 33525

2.1 TITLE

SECRETARY/TREASURER/DIRECT.

☒ Change ☐ Addition

2.2 NAME

BILL M SURRATT JR

2.3 STREET ADDRESS

15515 U S 301

2.4 CITY-ST-ZIP

DADE CITY FL 33525

3.1 TITLE

ASST SECRETARY/DIRECTOR

☐ Change ☒ Addition

3.2 NAME

ANITA GAIL SURRATT

3.3 STREET ADDRESS

15515 U S 301

3.4 CITY-ST-ZIP

DADE CITY FL 33525

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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: Bill M Surratt Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILL M SURRATT JR  
SECRETARY

4/24/96

352 567-5161

Date Daytime Phone #

CR2E034 (12/95)