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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

674170

U	OCUMENT	₩	(
1.	Corporation Name		

LINCOLN CONTRACTORS OF FLORIDA, INC.

Principal Mace of Bu	ISINESS	
1505 Fee	deral	St.
Dallas,	TX 7	5201

Mailing Address

P. O. Box 1920 Dallas, TX 75221

	Dallas, IX 75201	1/41	itaby in tout	_			3.	Date Incorporated or Qualified	3a. Date	of Las	st Report		
								06/19/1980	04/18	3/19			
2. Principal Place of Business 2a. Mailing Address								L	Applied For				
21	Transper vidos or Edonices	26	_					/5-1 /09288					
Suite, Apt. #, etc			Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Required				
22	City & State	1											
23	Zip Country		Zip	├ ─¬	ntry			Florida Statutes Yes	□ No				
24						10. Name and Address of New Registered Agent							
C T Corporation System 1200 South Pine Island Road				82 83	Street Addre	ess (F	P.O. Box Number is Not Acceptab	ile)	85	Zip Code			
						·			FL	_L_	•		

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.

12.	Signature, typed or printed name of registered agent and tife, if a OF FICERS AND DIRLC	TORS	13.	ADDITIONS/CHANGES TO OFFICE		Addilio
TITLE	PD	DELETE	1.1 TITUE		Li Charge [
NAME	Pogue, Mack		1.2 NAME			
TREET ADDRESS	1505 Federal St.		1.3 STREE! ADDRESS			
IITY-ST-ZIP	Dallas, TX 75201		1.4 CITY - ST - ZIP		Change [☐ Additi
ITLE	V	D DETE LE	2 1 1111.6		☐ Change	□ маал
NAME	Miller, Bradley M.		2.2 NAME			
STREET ADDRESS	2901 W. Busch Blvd #503	3	2.3 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL		2.4 CITY - ST - ZIP *		Change	Addi
TITLE	VS	DELETE	3 1 TIFLE		[_] Change	☐ Maa
AME	Mooter, K. E.		3.2 NAME			
STREET ADDRESS	1505 Federal St.		3.3 STHEET ADDRESS			
CITY - ST - ZIP	Dallas, TX 75201		3.4 CiTY S1 - ZIP		Change	Addi
TITLE	VST	DELETE	4 1 TITLE		L. Grissia,	
NAME	Davis, Nancy A.		4 2 NAME			
STREET ADDRESS	1505 Federal St.		4.3 STREET ADDRESS			
CITY - ST - ZIP	Dallas, TX 75201		4.4 CITY - ST. ZIP		☐ Criange	Add∈
TITLE	Asst. Sec.	DELETH	5 1 Tillet			
NAME	Everett, Leigh Ann		5 2 NAMî			
STREET ADDRESS	1505 Federal St.		5.3 STREET ADDRESS			
CiTY - ST - ZiP	Dallas, TX 75201	D DOLETE	5 4 CiTy - S1 - ZiP	60000184		Add
TITLE		☐ DELETE	6.11015	-05/31/960103	กกรีเ ้ ร	:7
NAME			6.2 NAME	***225.00		lan.
STREET ADDRESS	!		6.3 STHEEL ADDRESS	4		30

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 certify that I am an officer or director of the corporation or the receiver or trusted en powered to execute this report as required by Chapter Co7, Florida Statutes; and that my name appears in Block 12 or Black 13 if changed, or on an attachment with an address

SIGNATURE: Supplemental annual report is true and accurate and that my segnature shall have the same legal effect as if made under certify that the information indicated on this annual report or trusted en powered to execute this report as required by Chapter Co7, Florida Statutes; and that my name appears in Block 12 or Black 13 if changed, or on an attachment with an address

SIGNATURE: Supplemental annual report or private and officer or private and the private and that my name of signing officer or private and the private and that my name of signing officer or private and the private and that my name of signing officer or private and that my name of signing of sign

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR