

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

DOCUMENT # 827037

1. Corporation Name

LINBECK CONSTRUCTION CORPORATION

Principal Place of Business

3810 W ALABAMA ST  
HOUSTON TEXAS 77027

Mailing Address

3810 W ALABAMA ST  
HOUSTON TEXAS 77027

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

P.O. Box 22500

Suite, Apt. #, etc.

27

City & State

28

HOUSTON TEXAS

29

Zip

30

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

11/15/1971

4. FEI Number

74-1091214

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 owes the current year Intangible  
Personal Property Tax.



Yes

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GRAFF, GLENN D.	
STREET ADDRESS	6710 FALLING WATERS DR	
CITY-ST-ZIP	SPRING TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LINBECK, CONSTANCE	
STREET ADDRESS	4518 WESL ALABAMA	
CITY-ST-ZIP	HOUSTON TX 77027	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RIEGLER, WILLIAM J	
STREET ADDRESS	19319 LAKE HOLLOW LN.	
CITY-ST-ZIP	HOUSTON TX 77084	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LINBECK, LEO E JR	
STREET ADDRESS	3404 CHEVY CHASE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINBECK, PATTI RUTH	
STREET ADDRESS	2407 REBA	
CITY-ST-ZIP	HOUSTON TX	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LINBECK, JR L E	
STREET ADDRESS	3404 CHEVY CHASE	
CITY-ST-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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.

SIGNATURE:

William J. Riegler, PRESIDENT

2/15/99

713-621-2350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

104-0102

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90165 037 \*\*\*158.75



DO NOT WRITE IN THIS SPACE