

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 844119 (8)

1. Corporation Name

THE DAVE & LINDA COMPANY



Principal Place of Business

Mailing Address

1018 N WARD ST  
TAMPA FL 33607-3619

P O BOX 20168  
TAMPA FL 33622-168  
US

2. Principal Place of Business

2a. Mailing Address

21 915 Guisando de Avila 26 915 Guisando de Avila

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Tampa, FL

28 Tampa, FL

24 Zip 33613 25 Country USA

29 Zip 33613 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VISGER, DAVID R  
1018 N. WARD STREET  
TAMPA FL 33607

81 Name Visger, David R  
82 Street Address (P.O. Box Number is Not Acceptable)  
915 Guisando de Avila  
83  
84 City Tampa FL 85 Zip Code 33613

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

David Visger

7/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME VISGER, DAVID R  
STREET ADDRESS 915 GUI SANDO DE AVILA  
CITY - ST - ZIP TAMPA FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE VST  
NAME VISGER, LINDA E  
STREET ADDRESS 915 GUI SANDO DE AVILA  
CITY - ST - ZIP TAMPA FL

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Visger

7/15/96 (813) 960-7711

CR2E034 (3/96)