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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

THE DAVE & LINDA COMPANY

Mailing Address

Principal Place of Business 915 GUISANDO DE AVILA TAMPA FL 33613

915 GUISANDO DE AVILA

FILED May 05 1998 8:00am Secretary of State



TAMPA FL 33613 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/13/1979 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1922466 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zìp Country Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VISGER, DAVID R 915 GUISANDO DE AVILA 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33613** 63 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1 1 TITLE ☐ Change Addition VISGER, DAVID R 915 GUISANDO DE AVILA STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-2IP <u>Tampa Fl</u> 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE VISGER, LINDA E MAME 2.2 NAME 915 GUISANDO DE AVILA STREET ADDRESS 2.3 STREET ADDRESS <u>tampa fl</u> 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TETLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2IP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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.

SIGNATURE:

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