

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:42

DOCUMENT # **F40210** (9)

1. Corporation Name
LINVILLE INVESTMENTS, INC.

Principal Place of Business 4622 GALL BLVD % TERRY LINVILLE P.O. BOX 9005 ZEPHYRHILLS FL 33541-6237	Mailing Address 4622 GALL BLVD % TERRY LINVILLE P.O. BOX 9005 ZEPHYRHILLS FL 33541-6237
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/10/1981	3a. Date of Last Report 03/15/1994
4. FEI Number 59-2158919	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LINVILLE, TERRY
4622 GALL BLVD
ZEPHYRHILLS FL 33541**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LINVILLE, LOIS
STREET ADDRESS	6519 N. DAIRY ROAD
CITY - ST - ZIP	ZEPHYRHILLS, FL 00000
TITLE	DS
NAME	LINVILLE, DANNY
STREET ADDRESS	3701 DAIRY ROAD
CITY - ST - ZIP	ZEPHYRHILLS, FL 00000
TITLE	D
NAME	LINVILLE, TONY
STREET ADDRESS	18415 TIMBERLAN DRIVE
CITY - ST - ZIP	LUTZ FL
TITLE	D
NAME	LINVILLE, JAY
STREET ADDRESS	4823 RYALS ROAD
CITY - ST - ZIP	ZEPHYRHILLS, FL 00000
TITLE	D
NAME	LINVILLE, TIMOTHY
STREET ADDRESS	5825 MARIE DRIVE
CITY - ST - ZIP	ZEPHYRHILLS, FL 00000
TITLE	DV
NAME	LINVILLE, TERRY
STREET ADDRESS	5215 BERNADETTE DRIVE
CITY - ST - ZIP	ZEPHYRHILLS, FL 00000

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 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, changed, or on an attachment hereto, if applicable.

SIGNATURE: *Terry Linville* **TERRY LINVILLE** **3/29/95** **(813)782-1521**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #