

**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 <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F40210 (9)**

1. Corporation Name  
**LINVILLE INVESTMENTS, INC.**



Principal Place of Business <b>4622 GALL BLVD                  % TERRY LINVILLE P.O. BOX 9005                  ZEPHYRHILLS FL 33541-6237</b>	Mailing Address <b>4622 GALL BLVD                  % TERRY LINVILLE P.O. BOX 9005                  ZEPHYRHILLS FL 33541-6237</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. Suite, Apt #, etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date incorporated or Qualified <b>06/10/1981</b>	3a. Date of Last Report <b>04/10/1995</b>
4. FEI Number <b>59-2158919</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent <b>LINVILLE, TERRY                  4622 GALL BLVD                  ZEPHYRHILLS FL 33541</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINVILLE, LOIS</b>	1.2 NAME	
STREET ADDRESS	<b>6519 N. DAIRY ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINVILLE, DANNY</b>	2.2 NAME	
STREET ADDRESS	<b>3701 DAIRY ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINVILLE, TONY</b>	3.2 NAME	
STREET ADDRESS	<b>18415 TIMBERLAN DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINVILLE, JAY</b>	4.2 NAME	
STREET ADDRESS	<b>4623 RYALS ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINVILLE, TIMOTHY</b>	5.2 NAME	
STREET ADDRESS	<b>5625 MARIE DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINVILLE, TERRY</b>	6.2 NAME	
STREET ADDRESS	<b>5215 BERNADETTE DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 00000</b>	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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **X** *Terry Linville* **7/1/96** **(813)782-1521**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (3/96)