

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 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

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

3. Date Incorporated or Qualified 06/10/1981	
4. FEI Number 59-2158919	Applied For <input type="checkbox"/> Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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	
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 _____ (Signature, typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINVILLE, LOIS	1.2 NAME	
STREET ADDRESS	6519 N. DAIRY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINVILLE, DANNY	2.2 NAME	
STREET ADDRESS	3701 DAIRY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINVILLE, TONY	3.2 NAME	
STREET ADDRESS	18415 TIMBERLAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINVILLE, JAY	4.2 NAME	
STREET ADDRESS	4623 RYALS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINVILLE, TIMOTHY	5.2 NAME	
STREET ADDRESS	6625 MARIE DRIVE 37136 LEMON DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINVILLE, TERRY	6.2 NAME	
STREET ADDRESS	5215 BERNADETTE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	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, on an attachment with an address _____

SIGNATURE _____

CR2E034 (10/97)