

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90012 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F40210

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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 06/10/1981	Applied For <input type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

LINVILLE, TERRY
4622 GALL BLVD.
ZEPHYRHILLS FL 33541-6237

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LINVILLE, LOIS	
STREET ADDRESS	6519 N. DAIRY ROAD	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LINVILLE, DANNY	
STREET ADDRESS	3701 DAIRY ROAD	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINVILLE, TONY	
STREET ADDRESS	18415 TIMBERLAN DRIVE	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINVILLE, JAY	
STREET ADDRESS	4623 RYALS ROAD	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINVILLE, TIMOTHY	
STREET ADDRESS	37136 LEMON DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
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 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, or in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/15/99 (813) 782-1521
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #