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

APPROVED AND FILED

95 APR 27 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92733** **(7)**

1. Corporation Name
LINSEY-CLAIRE, INC.

Principal Place of Business	Mailing Address
~~4636~~ W IRLO BRONSON SC KISSIMMEE FL 34746 US	~~4636~~ W IRLO BORNSON SC KISSIMMEE FL 34746 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1982
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 4618 W IRLO BRONSON	26 4618 W IRLO BRONSON
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 KISSIMMEE FLORIDA	City & State 28 KISSIMMEE FLORIDA
Zip 24 34746 Country 25 US	Zip 29 34746 Country 30 US

4. FEI Number: 59-2204974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TRUETT, MICHAEL W.
~~4636~~ W IRLO BRONSON MEM HWY
SC
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name TRUETT MICHAEL W.
82 Street Address (P.O. Box Number is Not Acceptable)
83 4618 W IRLO BRONSON MEM HWY
84 City KISSIMMEE FL 85 Zip Code 34746

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 M.W. Truett PRESIDENT MICHAEL W. TRUETT. 04-10-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☐ Change ☐ Addition
NAME	TRUETT, MICHAEL W	1.2 NAME	TRUETT MICHAEL W
STREET ADDRESS	~~4636~~ W IRLO BRONSON MEM HWY	1.3 STREET ADDRESS	4618 W IRLO BRONSON MEM HWY
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	KISSIMMEE FL 34746
TITLE	V	2.1 TITLE	V ☐ Change ☐ Addition
NAME	TRUETT, PATRICIA A.	2.2 NAME	TRUETT PATRICIA A
STREET ADDRESS	~~4636~~ W IRLO BRONSON MEM HWY	2.3 STREET ADDRESS	4618 W. IRLO BRONSON MEM HWY
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	KISSIMMEE FL 34746
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: M.W. Truett MICHAEL W. TRUETT 04-10-95 407-397-0461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0442681 FP