FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS F93000003632 (7) **DOCUMENT #** LIND - HARP, INC. Principal Place of Business Mailing Address P. O. BOX 189 P. O. BOX 188 BEMIDJI MN 58801 BEMIDJI MN 56601 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/09/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-3858926 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Ζip Country Zip 8. This corporation owes or has paid the current year intangible Yes 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LINDSEY, DOUGLAS S. 81 Name CHURCH STREET MARKET Street Address (P.O. Box Number is Not Acceptable) 55 WEST CHURCH STREET, STE. 240 ORLANDO FL 32801 83 Zip Code Pursuant to the provisions of office or registered agent, o agent I am familiar with an orida Statutes, the above-named corporation submits this statement for the purpose of changing its registered SIGNATURE 1 pouglindsey President ICERS AND DIRECTOR 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition LINDSEY, DOUGLAS NAME 1.2 NAME 5500 MALLARD LANE ~ € STREET ADDRESS 1.3 STREET ADDRESS **BEMIDJI MN** 56601 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE

14. Thereby 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 o president

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

4/8/98 2187510238