

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005113 (6)

1. Corporation Name

LINK INVESTMENT SERVICES, INC.

Principal Place of Business

111 CENTER STREET
LITTLE ROCK AR 72201

Mailing Address

111 CENTER STREET
LITTLE ROCK AR 72201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/12/1993

3a. Date of Last Report

03/22/1994

4. FEI Number

71-0737147

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 the if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CD
FELTUS, GREG
111 CENTER STREET
LITTLE ROCK AR

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
BOWDEN, LARRY W
111 CENTER STREET
LITTLE ROCK AR

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
HINES, ZOE A
111 CENTER STREET
LITTLE ROCK AR

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
KNIGHT, DAVID A
111 CENTER STREET
LITTLE ROCK AR

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
SHELLABARGER, PHILLIP A
111 CENTER STREET
LITTLE ROCK AR

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
GRAY, ELLEN M
111 CENTER STREET
LITTLE ROCK AR

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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****200.00 ****200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify 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 of this report, or in an attachment with an address.

SIGNATURE:

Zoe Ann Hines, Sr VP

3/6/95

501-377-2166

(Signature, typed or printed name of signing officer or director)

(Date)

(Phone Number)