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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9400005915 (3)

LINEHAM CORP., INC.

|  |   |  | Linking A           |               |                                       |                   | ·  |                               |  |               |                             |              |
|--|---|--|---------------------|---------------|---------------------------------------|-------------------|--|-------------------------------|--|---------------|-----------------------------|--------------|
| Principal Place<br>5126 WEST CYI<br>TAMPA FL 3360<br>US                                    | PRESS ST  | Mailing Address P. O. BOX 1759 TARPON SPRINGS FL 34686-1759 US |                     |               |                                       |                   |  |                               |  |               |                             |              |
|  |   |  |                     |               |                                       |                   |  |                               | <ol><li>Date Incorporated or Qualit</li><li>11/16/1994</li></ol>     |               | Date of Last R<br>1/19/1996 | eport        |
| 2. Frincipal P   | lace of Business  | 2a. Mailing Address  |                     |               |                                       |                   |  | 4. FEI Number                 |  | Ap            | plied For                   |              |
| 21 5113  | 5113 West Idlewill Ave  |  |                     | 26            |                                       |                   |  |                               | 95-4413139   |               |                             | t Applicable |
| Suite, Apt. #, etc.  |   |  | Suite, Apt. #, etc. |               |                                       |                   |  |                               | 6. Certificate of Status Desired                                     | d 🗆           | \$8.75                      |              |
| 22   |   |  | 27                  |               |                                       |                   |  |                               |  |               | Fee Re                      |              |
| City & State   | <b>.</b>  |  | City & State        |               |                                       |                   |  | 6. Election Campaign Financia | ng 🖂   | \$5.00        |                             |              |
| 23 TAMP  | 4 FL Country  | Zip Country  |                     |               |                                       |                   | Trust Fund Contribution  |                               | Added  |               |                             |              |
| Zip .  |   | 29 30  |                     |               | rin y                                 |                   | 8. This corporation has liability for intangible tax under s Florida Statutes Yes \(\sime\) No |                               |  | . 199.032,    |                             |              |
| 24 3363  | 9. Name and Addre   | as of Current  |                     | Agent         | 1901                                  |                   |  | L                             | 10. Name and Address of Ne   |               |                             |              |
| ENIC   | LANDER & FISCHER  |  |                     |               |                                       | B1                | Name   |                               |  |               | <del>-</del>                |              |
| 5959 CENTRAL AVE., STE. 201  |   |  |                     |               |                                       | _                 | Street Address (P.O. Box Number is Not Acceptable)   |                               |  |               |                             |              |
|  | PETERSBURG FL 33  |  |                     |               |                                       | 82 Street Add     |  |                               | s (P.O. Box number is not acci                                       | eptable)      |                             |              |
| J  | LILINODONO IL GO  |  |                     |               |                                       | 83                |  |                               |  |               | <del></del>                 |              |
|  |   |  |                     |               |                                       | 84                | City   |                               |  |               | 85 Zip                      | Code         |
| 11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the ab |   |  |                     |               |                                       |                   |  |                               | ation as house this statement for                                    | The europe    | L                           | o registered |
| l office or r  | to the provisions of Sec<br>egistered agent, or both<br>im familiar with, and acc | n, in the State o  | f Florida. Suc      | ch change was | authorized                            | o by              | the corp   | oration                       | alion submits this statement for<br>his board of directors. I hereby | accept the a  | ppointment as               | registered   |
| SIGNATURE  |   |  |                     |               |                                       |                   |  |                               |  |               |                             |              |
|  | Signature, typed or printed name  |  |                     |               | TE: Registered                        | Age               | nt signature i   | required                      | when reinstaling)  ADDITIONS/CHANGES TO (                            | DATE          |                             | N 12         |
| 12.  | DP .  | FFICERS AND  | DIRECTORS           | DELETE        | 1.1 10                                | TIE               |  |                               | ADDITIONS/CHANGES TO   | JI I IOLIIO A | Change                      | Addition     |
| TITLE  | PLUMSTEAD, GEO  | FEOCY  |                     |               |                                       | 1.2 NAME          |  |                               |  |               |                             |              |
| NAME<br>CAST LATIONSOS   | FIELDODOUE PADIA MONOCE LA  |  |                     |               |                                       |                   | ADDOESS  |                               |  |               |                             |              |
| STREET ADDRESS   | BITTON, BRISTOL,  |  |                     |               | 1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |                   |  |                               |  |               |                             |              |
| CITY-ST-ZIP<br>TITLE   | DST DST   | ON DO 100 11   | <u> </u>            | DELETE        | 21 TII                                |                   | 1-2IF  |                               |  |               | Change                      | Addition     |
| NAME   | PLUMSTEAD, PAUL   | INE  |                     |               | 22 N                                  |                   |  |                               |  |               | -                           |              |
| STREET ADDRESS   | FIELDGROVE FARM   |  | ■ <sup>-</sup>      |               |                                       | 23 STREET ADDRESS |  |                               |  | ud .          |                             |              |
| CITY-ST-ZiP  | BITTON, BRISTOL,  |  |                     |               |                                       | 2 4 CITY-ST-ZiP   |  |                               |  |               | •                           |              |
| Till!  |   |  | -                   | ☐ DELETE      | 3.1 TI                                |                   | 7  |                               | ·  |               | Change                      | Addition     |
| NAME   |   |  |                     |               | 3.2 N/                                | AME               |  |                               |  |               |                             |              |
| STREET ADDRESS   |   |  |                     |               | 3.3 ST                                | REET              | ADDRESS  |                               |  |               |                             |              |
| CITY -ST-ZIP   |   |  |                     |               |                                       |                   | ST-ZIP   |                               |  |               |                             |              |
| TITLE  |   |  |                     | ☐ DELETE      | 4.1 71                                |                   |  |                               | <del></del>  |               | Change                      | Addition     |
| NAME   |   |  |                     |               | 4. 2 N                                | AME               |  |                               |  |               |                             | ,            |
| STREET ADDRESS   |   |  |                     |               |                                       |                   | ADDRESS  |                               |  |               |                             |              |
| CITY-S1-ZIP  |   |  |                     |               | 4.4 CI                                |                   |  |                               |  |               |                             |              |
| TILLE  |   |  |                     | DELETE        | 5.1 Tr                                |                   |  | ····                          |  |               | Change                      | ☐ Addition   |
| NAME   |   |  |                     |               | 5.2 N/                                | AME               |  |                               |  |               |                             |              |
| STREET ADDRESS   |   |  |                     |               |                                       |                   | ADDRESS  |                               |  |               |                             |              |
| CITY-S1-2IP  |   |  |                     |               |                                       |                   | 17 - ZIP   |                               |  |               |                             |              |
| TILE   |   |  |                     | DELETE        | 6.1 TO                                |                   |  |                               |  |               | Change                      | Addition     |
| NAME   |   |  |                     |               | 6.2 N                                 | AME               |  |                               |  |               |                             |              |

6.3 STREET ADDRESS

14. It do 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 open dachment with an address.

SIGNATURE:

STREET ADDRESS.

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

april 10, 1997 813-786-3483

**FILED** 

Apr 25 1997 8:00am

Secretary of State

R2F034 (9/96)