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FILED

Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96564 (2)

1. Corporation Name  
LLD PROPERTIES INVESTMENT CORP.

Principal Place of Business

1201 CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

Mailing Address

1201 CAPE CORAL PARKWAY  
CAPE CORAL FL 33904-9604



3. Date Incorporated or Qualified

08/24/1982

3a. Date of Last Report

03/12/1996

2. Principal Place of Business

21

Suite Apt # etc

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-2228885

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

BALL, DIXIE LEE  
1201 CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLINSHEAD, JEAN G	
STREET ADDRESS	925 ESTERO BLVD	
CITY - ST - ZIP	FT. MYERS BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLINSHEAD, KENNETH	
STREET ADDRESS	925 ESTERO BLVD	
CITY - ST - ZIP	FT. MYERS BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLINSHEAD, LEE WILLIAM	
STREET ADDRESS	925 ESTERO BLVD.	
CITY - ST - ZIP	FT. MYERS BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLINSHEAD, LYNDON DAVI	
STREET ADDRESS	925 ESTERO BLVD.	
CITY - ST - ZIP	FT. MYERS BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLINSHEAD, DARREN	
STREET ADDRESS	925 ESTERO BLVD.	
CITY - ST - ZIP	FT. MYERS BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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 on an attachment with an address.

SIGNATURE: Kenneth Hollinshead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 (941) 549-5551

Date Daytime Phone #

CR2E034 (9/96)