

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

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95 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H06927** (8)
1. Corporation Name
LINTON MACHINE SHOP, INC.

Principal Place of Business % W.J. LINTON 4430 MAGNOLIA RD MARIANNA FL 32446-9048	Mailing Address % W.J. LINTON 4430 MAGNOLIA RD MARIANNA FL 32446-9048
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/07/1984	3a. Date of Last Report 08/17/1994
4. FEI Number 59-2526009	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 22 City & State 23 Zip 24 32448-9048	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 32448-9048
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9. Name and Address of Current Registered Agent

**LINTON, W.J.
4430 MAGNOLIA RD
MARIANNA FL**

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LINTON, W.J.
STREET ADDRESS	4430 MAGNOLIA RD
CITY, ST, ZIP	MARIANNA FL
TITLE	SD
NAME	LINTON, WILLIAM K.
STREET ADDRESS	4430 MAGNOLIA RD
CITY, ST, ZIP	MARIANNA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), 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 shareholder 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:

William K. Linton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 904-482-8856
DATE TELEPHONE