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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H06927

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LINTON MACHINE SHOP, INC.

FILED
May 09 1997 8:00am
Secretary of State

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% W.J. LINTON 4430 MAGNOLI MARIANNA FL	IA RD	Mailing Address * W.J. LINTON 4430 MAGNOLIA RD MARIANNA FL 32448-7410							
US		US	US		3. Date Incorporated or Qualified 06/07/1984	I	te of Last R 01/1996	<u> </u>	
	acc of Business	2a. Mailing Address				4. FEI Number			oplied For
21 Suite, Apt 22	#, etc	26 Suite, Apt. #, etc.			····	59-2526009 5. Certificate of Status Desired		\$8.75 A	
City & State	e	City & State			*************************	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ž(ρ 24	Country 25	Zip 29	30 Cou	intry		8. This corporation has liability for Florida Statutes			
	9. Name and Address of Curr	ent Registered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New F	Registered A	ıgent	
	ron, w.j.			81	Name				
	O MAGNOLIA RD		i	82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
MAR	RIANNA FL			83					
				84	Çity			85 Zip	Code
		F00 - 1007 1500 F1				poration submits this statement for the	<u>FL</u>		
SIGNATURE 12. INLE	D	agent and litle of spot cable (NO NND DIRECTORS	TE: Reg steres 13.		ant signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTOF	RS IN 12
NAME Street Adoress	LINTON, W.J. 4430 MAGNOLIA RD		1.2 N/ 1.3 ST		ADDRESS				
CITY - ST - ZIF	MARIANNA FL	Delete			IT-ZIP				A A A Pro-
TITLE NAME STIFEET ADORESS	SD LINTON, WILLIAM K. 4430 MAGNOLIA RD	☐ DELETE	2.1 Ti 2.2 N/					Change	Addition
			•	TREET	ADDRESS				
CITY+S1+ZiP	MARIANNA FL	□ DELETE	2 4 0	TREET	ADDRESS ST-ZIP			Change	Addition
CHY+SI+ZIP THUE NAME STREET ADDH/SS	MANIANINA PE	DELETE	2 4 C 3.1 TF 3.2 N/	TREET DITY - S TILE AME	ì			Change	Addition
THE NAME STREET ADDRESS CHY: ST: ZIP	MARIANINA PL		2 4 C 3.1 TF 3.2 N/ 3.3 ST 3.4 C	TREET CITY-S ITLE AME TREET CITY-S	ST-ZIP				
THE NAME STREET ADDRESS CHY-ST-74P THEE	MARIANITA PE	DELETE	2 4 C 3.1 TI 3.2 N/ 3.3 SI 3.4 C 4.1 TI	TREET CITY-S TILE AME TREET CITY-S TILE	ST-ZIP ADORESS			Change	Addition
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THE NAME STREET ANDERSS CHY-ST-7/P THE NAME STREET ADDRESS	MANIANINA PE		2 4 C 3.1 TF 3.2 NF 3.3 SF 34 C 4.1 TF 4 2 N 4.3 SF	TREET CITY-S TLE AME TREET CITY-S TLE JAME TREET	ADDRESS ST-ZIP ADDRESS ADDRESS				
THE NAME STREET ARRESS CHY-ST-7/P THE NAME STREET ADDRESS CHY-ST-7/P THE	MANIANINA PE	☐ DELETE	2 4 C 3.1 TF 32 NF 3.3 ST 34 C 4.1 TF 4.2 NF 4.3 ST 4.4 CF 5.1 TF 5.2 NF	TREET CITY-S TILE AME TREET CITY-S TILE LIAME LIAME LITHEET LITY-S LITLE AAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS IT-ZIP			☐ Change	Addition
THE NAME STREET ACCOPSS CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS	MANIANINA PE	☐ DELETE	2 4 C 3.1 IF 32 N/ 3.3 S1 34 C 4.1 II 4 2 N 4.3 S1 4.4 C/ 5.1 T/ 5.2 N/ 5.3 S1	TREET OTY-S TILE AME TREET OTY-S TILE LIAME TREET OTY-S TILE TREET TREET	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS			☐ Change	Addition
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Teo necesy see by that the mormation supplied with this fining does not quality for the exemption stated in section 119.07(5)(i), Fronda 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.