

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90127 033 \*\*\*158.75

DOCUMENT # J04516

1. Corporation Name  
LINDA'S DECOR, INC.

Principal Place of Business

1729 SW 1ST AVE.  
OCALA FL 34474  
US

Mailing Address

4566 NE 6TH ST  
OCALA FL 34471  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1986

4. FEI Number

59-2654244

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒

No

9. Name and Address of Current Registered Agent

SAMUELS, LINDA R  
4566 NE 6TH ST  
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name

Linda R. Samuels

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

600 S.E. 59th St.

83

84 City

OCALA

FL

85 Zip Code

34480

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

Linda R. Samuels (Linda R. Samuels)

1-22-99

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 P ☐ DELETE

NAME SAMUELS, LINDA R  
STREET ADDRESS 4566 NE 6 E ST  
CITY-ST-ZIP Ocala FL

TITLE V ☐ DELETE

NAME SAMUELS, LINDA R  
STREET ADDRESS 4566 NE 6TH ST  
CITY-ST-ZIP Ocala FL

TITLE S ☐ DELETE

NAME SAMUELS, LINDA R  
STREET ADDRESS 4566 NE 6TH ST  
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

- 600 S.E. 59th St.  
Ocala, FL 34480

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

600 S.E. 59th St.  
Ocala, FL 34480

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

- 600 S.E. 59th St.  
Ocala, FL 34480

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Linda R. Samuels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99 (352)861-4617

Date

Daytime Phone #

CR2E034 (11/98)

0485653