

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **J27464** (3)

1. Corporation Name
LINDART, INC.

FILED
95 JUL 25 AM 8:08
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
% JOHN SEEREY-LESTER
539 BAYVIEW PKWY.
NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/01/1986** 3a. Date of Last Report **10/28/1994**

2. Principal Place of Business 2a. Mailing Address
21 240 S. TAMiami TRAIL **26 240 S. TAMiami TRAIL**

4. FEI Number **13-3222391** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **VENICE, FLORIDA** 28 City & State **VENICE, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **34285** 25 Country **FLORIDA** 29 Zip **34285** 30 Country

8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEEREY-LESTER, JOHN
539 BAYVIEW PKWY.
NOKOMIS FL 34275

B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 (agent or qualified owner of registered agent and filer if applicable)

(BNC) Registered Agent Signature (required unless constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
 NAME **SEEREY-LESTER, JOHN**
 STREET ADDRESS **539 BAYVIEW PKWY.**
 CITY, ST, ZIP **NOKOMIS FL**

TITLE **VD**
 NAME **SEEREY-LESTER, LINDA**
 STREET ADDRESS **539 BAYVIEW PKWY.**
 CITY, ST, ZIP **NOKOMIS FL**

TITLE
 NAME
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 CITY, ST, ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY, ST, ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY, ST, ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY, ST, ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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: *John Seerey-Lester* **JOHN SEEREY-LESTER**

Date **7/20/95** (813) 485-8782

CR2E034 (3/95)