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

PROFIT CORPORATION ANNUAL REPORT

1997

NOKOMIS FL 34275



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J27464

(3)

LINDART, INC.

FILED
May 21 1998 8:00am
Secretary of State

rincipal Place	of Business	Mailing Address		· <del></del>			
40 S TAMIAMI TRAIL IENICE FL 34285 IS		240 S TAMIAMI TRAIL 539 BAYVIEW PKWY. VENICE FL 34285-2419 US					
					3. Date Incorporated or Qualified 3a. Date of Last Repor 08/01/1986 03/07/1996		
. Principal Pla	ace of Business	2a. Mailing Address		<del></del>	4. FE! Number Applied For		
ī		26			13-3222391 Noi Applic		Not Applicable
Suite, Apt. #	r. elc	Suite, Apt. #, etc. 27 P. O . Box 1.266			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State  28 NOKOMIS , FL			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Z <sub>i</sub> p	Country 25		untry	•	This corporation has liability for its Florida Statutes	ntangible Yes	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEEREY-LESTER, JOHN				Name			
539 BAYMEW PKWY.			R2	82 Street Address (P.O. Box Number is Not Acceptable)			

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.

84 City

(NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS " OFFICERS AND DIRECTORS 12. 13. Addition ☐ DELETE 1.1 TITLE Change TITLE SEEREY-LESTER, JOHN 1.2 NAME NAME 539 BAYVIEW PKWY. 1.3 STREET ADDRESS STREET ADDRESS **NOKOMIS FL** 1.4 CITY-ST-ZIP CITY - ST- ZIP DELETE TITLE 2.1 TITLE SEEREY-LESTER, LINDA NAME 2.2 NAME 3913 CASEY 539 BAYVIEW PKWY. STREET ADDRESS 2.3 STREET ADDRESS **NOKOMIS FL** CITY - ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 F TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition \_\_ DELETE TOTLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY- ST. ZIP DELETE TITLE 5.1 TITLE 5.2 NAME JORECT ADDRESS **5.3 STREET ADDRESS** 54 OUN 53 201 000002532560hange DELETE TITLE 6 I TITLE NAME 62 NAME -05/22/98--01010--024 \*\*\*150.00 STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST-ZIP CITY ST ZIP

14. thereby 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 13 if changed or on an attachment with an address.

SIGNATURE:

PHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98

nn f 0463666

Zip Code

85