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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # **J46234** (7) O.B. LINKOUS REALTY, INC. Mailing Address Principal Place of Business 912 S. RIDGEWOOD AVE., SUITE D 912 S. RIDGEWOOD AVE., SUITE D DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114-5363 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1996 12/09/1986 2. Principal Prace of Business 2a, Mailing Address 4. FEI Number Applied For 59-2803010 21 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation has liability for intangible tax under s. 199.032. X Yes 25 30 Florida Statutes ☐ No 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DUPONT, HEWITT J 912 S RIDGEWOOD AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE D 83 DAYTONA BEACH FL 32114 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, typed or ported name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. **PST** DELETE 1.1 TITLE Change Addition TITLE DUPONT, HEWITT J 1.2 NAME NAME 912 S RIDGEWOOD AVE, SUITE D 1.3 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CHY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE 7111.8 CARTER, BARBARA ALLEN 22 NAME 772 BUENA VISTA AVE. 23 STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 2.4 CITY - ST - ZIP CITY-SI-ZIP DELFTE Change Addition 3.1 TITLE TIFLE LINKOUS, NANCY LOUISE NAME 3.2 NAME 772 BUENA VISTA AVE. STREET ADDRESS 3.3 STREET ADDRESS ORMOND BEACH FL 3.4. CITY-ST-ZIP CHTY-ST ZIP DELETE Change Addition TOTAL 4.1 TITLE NAM 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP City - \$1 - ZiP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-72 5.4 CITY - ST - ZIP Addition DELETE Change 61 TITLE HILE 6.2 NAMÉ NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST - ZIP

appears in Block 12 or I ent with an address. 1-28-97 SIGNATURE: (904) 257-2425

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the

96/6)

**FILED** 

Feb 03 1997 8:00am