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

DOCUMENT # J64340

1. Corporation Name

LINDHORST CONSTRUCTION, INC.

FILED
Jan 21, 1999 8:00am
Secretary of State
01-21-1999 90045 044 ***158.75



Principal Pla	ce of Business	Mailing Address				/BIT WIND BIT	in man ninn sad
5135 COMMER	RCIAL WAY	5135 COMMERCIAL WAY					
SPRING HILL FL 34606		SPRING HILL FL 34606					
US		US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 03/24/1987		
2. Principal (Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2803570		Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					Additional
22		27			5. Certifcate of Status Desired	,	Required
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution	•	d to Fees
Zip	Country	Zip	Country	,	This corporation owes the current year Interest.		0101003
24	25	29 30	, ·	•	Personal Property Tax.	Yes	XNo
241	9. Name and Address of Curren		Ч		10. Name and Address of New Registered		23 110
	1. 5. 1. Kar 11. 144. 1.	. 1.03.040.04	81	Name	10. Hallo dila Madiodo or How (Yogheterea.	-ige/II	
UN	DHORST, DALE A.						
3474 ST IVES BLVD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	RING HILL FL 34609				The second secon		
0. ,	anto rinee re o 1000		83				
			84	City	FL	85 Zi	p Códe
11. Pursuan	t to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes.	the abov	e-named com	oration submits this statement for the purpose of	changing i	its registered
office or	registered agent, or both, in the State of arm familiar with, and accept the obligat	of Florida. Such change was author	orized by	the corporation	on's board of directors. I hereby accept the appoin	ntment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	AIOTE Par			d when reinstating) DATE		
12.	OFFICERS ANI		13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIDECT	TODE IN 12
TITLE '	PT	D DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	
	LINDHORST, DALE A.	□ beceie		}			
NAME	*	12 NA					
STREET ADDRESS	1		1.3 STREE	TADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34609		1.4 CITY-S	T-ZIP			
TITLE	VS	☐ DELETE	2.1 TITLE			Change	e
NAME	LINDHORST, REBECCA S.	i	2.2 NAME				
STREET ADDRESS	1	}	2.3 STREE	TADORESS			
CITY-ST-ZIP	SPRING HILL FL 34609		2.4 CITY-5	ST-ZIP			
TITLE	145 359 5312 5	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	All the state of t	Ì	3.2 NAME				
STREET ADDRESS	No little of the	i i	3.3 STREE	TADDRESS			2
্রাণু CITY-ST-ZIP	SERVICE CONTRACTOR OF THE SERVICE CONTRACTOR	i	3.4. CITY-5				
TITLE		☐ DELETE	4.1 TITLE			[] Change	Addition
,		-	4.2 NAME	ĺ			
NAME COATES				r voncee			
		·		TADDRESS			
CITY-ST-ZIP	-	[7] not one	4.4 CITY-S	T-ZIP		[] (*	- Addie
TITLE	1	☐ DELETE	5.1 TITLE		٠,	☐ Change	Addition
NAME			5.2 NAME		•		
STREET ADDRESS	er i		5.3 STREET	FADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE	1.00 m 1.	☐ DELETE	6.1 TITLE			Change	Addition
NAME ;	3774 67 373 82. 3		6.2 NAME				
STREET ADDRESS	TOTAL STATE OF THE		6.3 STREET	FADDRESS			
CITY ST ZID		ſ	64 CITY-S	ſ			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 352-596-7083

CR2E034 (11/98)