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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # K99016**

1. Corporation Name

THE LINDSAY T. CORP.

Principal Place	of Business	Mailing Address				1 14410111 414 14				
% JOSEPH L. D		% JOSEPH L. DIA								
			2522 W. KENNEDY BLVD. TAMPA FL 33609			DO NOT WRITE IN THIS SPACE				
TAMPA FL 3360)9	TAMPA FE 33003				3. Date Incorporated	or Qualifed			
						06/28/1989				
2. Principal Pl	ace of Business	2a. Mailing Addr	ess			4. FEI Number	•			pplied For
21	•	26				59-2960341				lot Applicable
Suite, Apt.		Suite, Apt. #,	etc.			5. Certifcate of Statu	s Desired	□ .		Additional
22		27								Required
City & State	е	City & State				6. Election Campaig	_			May Be to Fees
23	C	28 Tin		Country		Trust Fund Contri				1 to rees
Zip	Country 25	Zip 29	. 30	Country		8. This corporation of Personal Property		nt year mta	ligible ∐Yes	∐No
24		s of Current Registered Agent	30			10. Name and Addre		gistered A	gent	
	V. Halile alla Addiese.	7 or Garrone Regional Rigaria		81	Name					
DIAZ	, Joseph L.			82	Ctt Ada	trose /D.O. Pay Number is	Not Acceptate	اهاد		· · ·
2522	W. KENNEDY BLVD.			82	Street Add	iress (P.O. Box Number is	Noi Acceptat	ole)		
TAM	PA FL 33609			83						
				24	Ola .				85 Zip	Code
					City			FL	1 1 1	
11. Pursuant	to the provisions of Section	ons 607.0502 and 607.1508, Flori n the State of Florida. Such chan	da Statutes, th	e above-	named con	poration submits this state	ment for the p	urpose of o	hanging i	s registered egistered
	egistered agent, or both, n	il the State of Florida, Socii Grain								
agent. I a	m familiar with, and accep	ot the obligations of, Section 607.0	0505, Florida S	Statutes.	ne corporat					
agent. i ai	m familiar with, and accep	ot the obligations of, Section 607.0	J505, Florida S	Statutes.						
agent. I ai	m familiar with, and accep	of the obligations of, Section 607.0 f registered agent and title if applicable.	(NOTE: Regis	statutes.		red when reinstating)		DATE		
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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 employeed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes are an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZiP

SIGNATURE:

STREET ADORESS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90160 029 ***150.00