

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L94832 (7)
1. Corporation Name
LINDA C. GREENE, P.A.

Principal Place of Business
607 WEBSTER ST.
LEECSBURG FL 34748

Mailing Address
907 WEBSTER ST.
LEECSBURG FL 34748-5026

2. Principal Place of Business
21 12941 Cherrydale Court
Suite, Apt. #, etc.
22 City & State
23 Ft. Myers, FL
Zip
24 33919
Country
25 USA

2a. Mailing Address
26 P. O. Box 4277
Suite, Apt. #, etc.
27 City & State
28 N. Fort Myers, FL
Zip
29 33918-4277
Country
30 USA

3. Date Incorporated or Qualified
08/20/1990

3a. Date of Last Report
04/24/1996

4. FEI Number
59-3060396

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ROTH, JOSEPH E.
11595 KELLY ROAD, STE 121
FT MYERS FL 33908

10. Name and Address of New Registered Agent
81 Name Joseph E. Roth, CPA
82 Street Address (P.O. Box Number is Not Acceptable)
8695 College Parkway, #305
83
84 City Ft. Myers FL 85 Zip Code 33919

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 607.0506, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

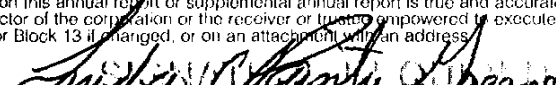
12. OFFICERS AND DIRECTORS

TITLE	PSTD	DELETE
NAME	GREENE, LINDA C	
STREET ADDRESS	1528 SO POINTE DR.	
CITY-ST-ZIP	LEECSBURG FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	Change	Addition
1.2 NAME	GREENE, Linda C.		
1.3 STREET ADDRESS	12941 Cherrydale Court		
1.4 CITY-ST-ZIP	Ft. Myers, FL 33919		
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 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.

SIGNATURE: 

941-433-10

CR2E034 (9/96)