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 # L94832

1. Corporation Name

LINDA C	. GREENE, P.A.									
Principal Place	e of Business	Mailing Address						811 010 11 01011 61	AN SKAN BIBN (A	! !
12941 CHERRY		P O BOX 61042								
FT MYERS FL 33919 N FT MYERS FL 33906-1042						DO N	OT WESTE IN T	HE COACE		
US US						DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or C	anameo			ĺ
· · · · · · · · · · · · · · · · · ·		0- Mailing Address				08/20/1990 4. FEI Number			Applied For	_
Z. Principal P	lace of Business	2a. Mailing Address				59-3060396		\vdash	Not Applicat	nle
Suite, Apt.	# atc	Suite, Apt. #, etc.				\$8.75 Additions				
	#, etc.	27				5. Certifcate of Status De	esired \square	•	Required	
City & State	9	City & State				6. Election Campaign Fir	nancing _	\$5.0	0 May Be	=
23		28				Trust Fund Contribution	-		ed to Fees	
Zip	Country	Zip	Cour	itry	_ u	8. This corporation owes	the current year	Intangible		
24	25	29 3	0			Personal Property Tax	.	☐ Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of	of New Register	ed Agent		
				81 N	ame,	A C. PAINTER				
	A C PAINTER] ,			treet Addres	ess (P.O. Box Number is Not Acceptable)				
	11 CHERRYDALE COURT				8549	49 BRITTANIA DR.				
FT N	NYERS FL 33919			83						
			·	84 C	ity			85 Z	ip Code	\dashv
					FORT	MYERS		-L 3	3912	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	ons of, Section 607.0505, Floric	nonzed la Statu	by the tes.	corporation	s board of directors. There	ру ассері ше ар	pominent a	registered	
	Signature, typed or printed name of registered agent		_	∖gent sig	nature required v		DATE		TODE IN 12	
12.	OFFICERS AND		13.	_		ADDITIONS/CHANGES	S TO OFFICERS	Char		
TITLE	PTDD	☐ DELETE	1.1 1111					Contra	ge	1
NAME	LINDA C PAINTER		1.2 NA							
STREET ADDRESS	12941 CHERRYDALE COURT			REETADO						
CITY-ST-ZIP	FT MYERS FL 33919	☐ DELETE		Y-ST-ZIF	2			☐ Char	ge ∏Addi	tion
TITLE	VPDD	□ OCLETE	2.1 1111						95	
NAME	DONALD PAINTER		2.2 NA	-						
STREET ADDRESS	12941 CHERRYDALE COURT		B .	REETADO						
CITY-ST-ZiP	FT MYERS FL 33919	DELETE _	3.1 TITI	Y-ST-ZI	P			☐ Chan	ge 🗍 Addi	tion
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STREET ADDRESS										
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NAME	,			MIC REET ADD	DESS.					
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NAME				REET ADI	DRESS					
STREET ADDRESS				Y-ST-ZIF						
CITY-ST-ZIP TITLE		DELETE	6.1 TIT					☐ Char	ge 🔲 Add	ition
			6.2 NA	ME				_		
NAMÉ										

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 supplied ental 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 of 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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PAINTER 4-8-99

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90135 020 ***150.00