

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90150 006 ***150.00

DOCUMENT # P14883

1. Corporation Name

LIN PAC, INC.

Principal Place of Business

SEBRING AIR TERMINAL
116 SHICANE DR
SEBRING FL 33870
US

Mailing Address

1395 S MARIETTA PKWY
BLDG 300 STE 218
MARIETTA GA 30067
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1987

4. FEI Number

58-1392513

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CORNISH, M. J.	
STREET ADDRESS	1 CHARLES STREET	
CITY-ST-ZIP	LINC'NSHIRE, ENGLAND	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	ROE, NIGEL V.	
STREET ADDRESS	1395 S MARIETTA PKWY BLDG 300 STE 218	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LANG, ROBERT A.	
STREET ADDRESS	1395 S MARIETTA PKWY BLDG 300 STE 218	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEAP, ANTHONY J.D.	
STREET ADDRESS	2540 WILCO BLVD.	
CITY-ST-ZIP	WILSON NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, M.	
STREET ADDRESS	1 CHARLES STREET	
CITY-ST-ZIP	LINC'NSHIRE, ENGLAND	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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

NIGEL V. ROE

Date

3/12/99

Daytime Phone #

770-218-7600

CR2E034 (11/98)