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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000002387 (8)

LINGO CONSTRUCTION CORPORATION

FILED Mar 04 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | | | | 1179 1986 1710 11 | | |
|---|--|--------------|---------------------|--|-----------------------------------|------------------------------|-------------|--|---------------|-----------------------------------|---------------|--|
| 917 PLANTATION ROAD P O BOX 1032 | | | | | | | | | | | | |
| KEY LARGO I US | FL \$3037 | KEY LA US | KEY LARGO FL 33037 | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| 00 | | | | | | | | 3. Date Incorporated or Qualific | | 7017102 | | |
| | | | | | | | | 11/02/1992 | - | | | |
| 2. Principal Pl | ace of Business | 2a. Mailir | ng Address | | • | - | | 4. FEI Number | | A | oplied For | |
| 21 | | 26 | | | | | | 65-0363830 | | N- | ot Applicable | |
| Suite, Apt. | #, etc. | Suite | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | [X] | \$8.75 | Additional | |
| 22 | | 27 | | | | | | 3. Certificate of Status Desired | <u> 45</u> | Fee R | equired | |
| City & State | | City & | City & State | | | | | 6. Election Campaign Financing | - | | May Be | |
| 23 | | 28 | | | | | | Trust Fund Contribution | <u></u> | Added | to Fees | |
| Zip | Country | Zip | | | intry | | | 8. This corporation owes or has | • | | | |
| 24 | 25 29 30 9. Name and Address of Current Registered Agent | | | | | | | Personal Property Tax due J 10. Name and Address of New | | | _ No | |
| 1 181 | GENFELSER, ROBERT G JR | i negistereu | Agent | | 81 | Nar | ne | 10. Hame and Address of New | Hedistalet | Agent | | |
| | PLANTATION RD. | | | | | 110 | | | | | | |
| | Y LARGO FL 33037 | | | | 82 | Stre | et Addres | Address (P.O. Box Number is Not Acceptable) | | | | |
| HET STRICE TE COOCT | | | | | 83 | | | | | | | |
| | | | | | 84 | City | | | | 85 Zip | Code | |
| | | | | | Щ | | | | FI | ≒ , ↓ ↓ ↓ | ···· | |
| 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 Signsture, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg 12. OFFICERS AND DIRECTORS | | | | | egistered Agent signature require | | | ADDITIONS/CHANGES TO OF | DATE | ID DIDECTOR | 29 IN 12 | |
| TITLE | PD | DINECTORS | DELETE | 1.1 TI | Ť) F | | | ADDITIONS/CHANGES TO OF | TIOLIIS AI | Change | Addition | |
| NAME | LINGENFELSER, ANTHONY D |) | | 1.2 N | | | | | | onlings | | |
| STREET ADDRESS | 917 PLANTATION RD | | | - F | | ADDRES | :e | | | | | |
| CITY-ST-ZIP | KEY LARGO FL | | | | ITY- S1 | | ~ | | | | | |
| TIFLE | TSD | | DELETE | 2 1 TH | | 1-40 | | | | Change | Addition | |
| NAME | LINGENFELSER, ROBERT G | JR. | | 22 N | AME | | | | | - | | |
| STREET ADDRESS | 917 PLANTATION ROAD | | | 235 | 3 STREET ADDRESS | | ss l | | | | | |
| CITY-ST-ZIP | KEY LARGO FL | | | - 4 | | T-ZIP | | | | | | |
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| CITY-ST-ZIP | | | | 3.4. 0 | ĮΤY-S | T-ZIP | | | | | İ | |
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| STREET ADDRESS | | | | 5.3 \$1 | rreet a | ADDRES | s | | | S. | W/ | |
| CITY-ST-ZIP | | | | 5.4 CI | †Y-\$1 | 7 - ZIP | | | | | 2 | |
| TITLE | - | | ☐ DELETE | 6.1 TI | TLE | | | 5000024 | 471 | Change | ☐ Addition | |
| NAME | | | | 6.2 N/ | AME | | | -03/04/9801 | 0940 | 120 | | |
| STREET ADDRESS | | | | 6.3 ST | REET | ADDRES | s | ***150.00 | w 100°) '00' | | | |
| C!TY-\$T-ZIP | all the hand a few and a second and a second | | | | TY-ST | | | | | | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 5.4 CI 6.1 TI 6.2 N/ 6.3 ST 6.4 CI | TLE AME TREET | r - ZIP Addres r - ZIP | s | 5000024 -03/04/9801 ***150.00 | U34U | 120 | Addition | |

ereby 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 licated on this annual report or supplemental annual report is ture and accurate and that my signature shall have the same legal effect as if made under oath; that I am an occur of director of the corporation or the receiver or trustee appears in

rt (G Lingenfelser

2/25/98

305-451-0778