



**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

05/01/94 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800001548188  
-07/28/95--01001--012  
\*\*\*\*\*200.00 \*\*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

**CORPORATION**  
**ANNUAL REPORT**  
**1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Montfort  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F930000000307 (9)**

1. *Longyear Company*  
*Boart Longyear Company*

*See attached letter  
re name change*

Principal Place of Business: 2340 WEST 1700 SOUTH  
SALT LAKE CITY UT 84104

Mailing Address: 2340 WEST 1700 SOUTH  
SALT LAKE CITY UT 84104

2. Principal Place of Business: 21  
State: Apt. #, etc.: 22  
City & State: 23

2a. Mailing Address: 26  
State: Apt. #, etc.: 27  
City & State: 28

24 25 29 30

3. Date incorporated or Organized: 01/22/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 87-0503343

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: C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent: 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 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Chapter 607, Florida Statutes.

SIGNATURE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS        |                                                                  | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995                 |                                                                              |
|-----------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1. NAME: DAVIES, H. K.            | 2340 WEST 1700 SOUTH<br>SALT LAKE CITY UT 84104                  | 1. NAME: <i>Secretary Robert L. Martin</i>                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME: MOORE, M H               | 1534 E. CHANDLER DR.<br>SALT LAKE CITY UT 84103                  | 2. NAME: <i>2824 E. Cobblestone Lane Sandy, UT 84093</i>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME: <del>BAVAGE, C. J.</del> | <del>15 CANTERBURY CRESCENT<br/>NORTH BAY, ONTARIO, CANADA</del> | 3. NAME: <i>2207 E. Val de Neige Circle Sandy, UT 84093</i>              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4. NAME: SWAYNE, R. E             | 8318 AUSTRIAN WAY<br>SALT LAKE CITY UT 84121                     | 4. NAME: <i>800001548188 -07/28/95--01001--013 *****25.00 *****25.00</i> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5. NAME: JUDGE, H. G              | 828 EAST EDGEHILL RD.<br>SALT LAKE CITY UT 84103                 | 5. NAME: <i>Princeton 1202 E. Princeton Ave Salt Lake City, UT 84105</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME: EMMONS, N V              | 44 WEST 300 SOUTH #1508S<br>SALT LAKE CITY UT 84101              | 6. NAME: <i>TLS 7/24/95</i>                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I, \_\_\_\_\_, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under s. 199.032(6)(b), 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. I am an officer or director of the corporation or the manager or another empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE: *Robert L. Martin* 3/9/95 (801) 972-6430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Shirley B. Mathews  
Secretary of State

1995

DOCUMENT # F93000000762 (5)

LAKE GARDEN DEVELOPMENT INCORPORATED

2:14  
STATE  
FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|
| 1. Principal Office Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Mailing Address                                                                       |  |
| 7470 S.E. FEDDLEWOOD LANE<br>HOBE SOUND FL 33455<br>105 AQUA RA DR<br>Jensen Beach, FL 34957                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 7470 S.E. FEDDLEWOOD LANE<br>HOBE SOUND FL 33455<br>BOX 517<br>Jensen Beach, FL 34957 |  |
| 2. Principal Office Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 2a. Mailing Address                                                                   |  |
| 21 105 AQUA RA DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 26 BOX 517                                                                            |  |
| 22 State Apt # etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 27 State Apt # etc                                                                    |  |
| 23 City & State<br>Jensen Beach, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 28 City & State<br>Jensen Beach, FL                                                   |  |
| 24 Zip<br>34957                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 25 Country<br>USA                                                                     |  |
| 29 Zip<br>34957                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 30 Country<br>USA                                                                     |  |
| 9. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                       |  |
| ALGHITA, ADNAN<br>7470 S.E. FEDDLEWOOD LANE<br>HOBE SOUND FL 33455<br>105 AQUA RA DR<br>Jensen Beach, FL 34957                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                       |  |
| 10. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                       |  |
| 81 Name ALGHITA, ADNAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                       |  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>105 AQUA RA DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                       |  |
| 83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                       |  |
| 84 City Jensen Beach FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                       |  |
| 85 Zip Code 34957                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                       |  |
| 11. Pursuant to the provisions of Sections 607.05(2) 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 607.05(5), Florida Statutes.                                                                                                                                                                                                                              |  |                                                                                       |  |
| SIGNATURE: Adnan K. Alghita, Registered Agent & President 6/20/95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                       |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                       |  |
| 13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                       |  |
| 14. I certify, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information included in 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. I am a resident of the State of Florida and am qualified to receive or to exercise the powers of the office of the Secretary of State. I am a resident of the State of Florida and am qualified to receive or to exercise the powers of the office of the Secretary of State. |  |                                                                                       |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ADNAN INVESTMENT AND DEVELOPMENT, INC.**

State Certified General Contractor CG C056992

P.O. Box 517

Jensen Beach, Florida 34958

407-229-8557

July 21, 1995

Florida Department of State  
Division of Corporations/Annual Report Section  
Post Office Box 6327  
Tallahassee, Florida 32314

Attention: Cynthia Hendrickson

SUBJECT: ADNAN INVESTMENT & DEVELOPMENT, INC.  
Ref. Number: F93000001247

and

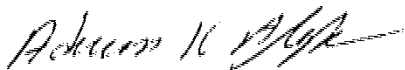
SUBJECT: LAKE GARDEN DEVELOPMENT, INC.  
Ref. Number: F93000000762

Dear Ms. Hendrickson:

As per our phone conversation this week regarding the above two subjects, you agreed that everything on our part has been fulfilled for filing our annual reports and due to Florida Department of State not updating their records of our address change, any late fees have been waived.

Therefore, we are returning our completed forms and our check #1522 for \$400.00 for filing our annual reports in hopes that this matter can now be finalized.

Sincerely,



Adnan K. Alghita, President