

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
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90008 009 ***150.00

DOCUMENT # P93000025714

1. Corporation Name
LINCO CONSTRUCTION, INC.

Principal Place of Business
1031 SUNSHINE LANE
SUITE 102
ALTAMONTE SPRINGS FL 32714

Mailing Address
P.O. BOX 916015
LONGWOOD FL 32791-6015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1993

4. FEI Number
59-3174531

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
21 HC 77, Box 109-A
Suite, Apt. #, etc.

2a. Mailing Address
26 PO Box 189
Suite, Apt. #, etc.

City & State
23 Ballard WV

City & State
28 Ballard, WV

Zip
24 24918 Country
25 US

Zip
29 24918 Country
30 US

9. Name and Address of Current Registered Agent

STIMPSON, LINDA L
1709 ALVARADO COURT
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
Gary D. Kane
82 Street Address (P.O. Box Number is Not Acceptable)
670 W. Fairbanks Avenue
83
84 City
Winter Park FL 85 32789

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)

4/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
STIMPSON, LINDA L
1709 ALVARADO COURT
LONGWOOD FL 32808 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STIMPSON, JOHN F JR
1709 ALVARADO COURT
LONGWOOD FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Address Only
1.3 STREET ADDRESS HC77, Box 109-A
1.4 CITY-ST-ZIP Ballard, WV 24918

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Address Only
2.3 STREET ADDRESS HC 77, Box 109-A
2.4 CITY-ST-ZIP Ballard WV 24918

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 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: Linda L Stimpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 7, 1999 304 753-5303

Date

Daytime Phone #

CR2F034 (11/98)