

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P93000087823 (9)**

1. Corporation Name

LINN MANAGEMENT CORPORATION

Principal Place of Business

**5610 W. SLIGH AVENUE
SUITE 100
TAMPA FL 33634
US**

Mailing Address

**5610 W. SLIGH AVENUE
SUITE 100
TAMPA FL 33634
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1994

4. FEI Number

59-3216049

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4601 W. Comanche Ave

Suite, Apt. #, etc.

City & State

23 Tampa FL

Zip

24 33614

Country

25 H16bro

2a. Mailing Address

26 4601 W. Comanche Ave

Suite, Apt. #, etc.

City & State

28 Tampa FL

Zip

29 33614

Country

30 H16bro

9. Name and Address of Current Registered Agent

**LINN, STEPHEN D.
5610 W. SLIGH AVENUE
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name

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

4601 W. Comanche Ave

83

84 City

Tampa

FL

85 Zip Code

X 33614

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

TITLE ☐ DELETE

**D
NAME LINN, STEPHEN
STREET ADDRESS 5610 W. SLIGH AVENUE
CITY-ST-ZIP TAMPA FL**

TITLE ☐ DELETE

**D
NAME LINN, JEFFREY N.
STREET ADDRESS 5610 W. SLIGH AVENUE
CITY-ST-ZIP TAMPA FL**

TITLE ☐ DELETE

**D
NAME LINN, CRAIG
STREET ADDRESS 5610 W. SLIGH AVENUE
CITY-ST-ZIP TAMPA FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

**1.3 STREET ADDRESS 4601 W. Comanche Ave
1.4 CITY-ST-ZIP Tampa FL 33614**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

**2.3 STREET ADDRESS 4601 W. Comanche Ave
2.4 CITY-ST-ZIP Tampa FL 33614**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

**3.3 STREET ADDRESS 4601 W. Comanche Ave
3.4 CITY-ST-ZIP Tampa FL 33614**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

Craig Linn

1/28/98 813-240-2525

CR2E034 (10/97)