

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

DOCUMENT # P93000087823

1. Corporation Name

LINN MANAGEMENT CORPORATION

Principal Place of Business

4601 W COMANCHE AVE  
SUITE 100  
TAMPA FL 33614  
US

Mailing Address

4601 W COMANCHE AVE  
SUITE 100  
TAMPA FL 33614  
US

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

28 Zip Country

25

29

9. Name and Address of Current Registered Agent

LINN, STEPHEN D.  
4601 W COMANCHE AVE  
TAMPA FL 33614

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 the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

LINN, JEFFREY N.

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

4601 WEST COMANCHE AVE

83

84 City

TAMPA

FL

85 Zip Code

33614

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

*Jeffrey N. Linn*

JEFFREY N. LINN

1/5/99

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 D  
NAME LINN, STEPHEN  
STREET ADDRESS 4601 W COMANCHE AVE  
CITY-ST-ZIP TAMPA FL 33614

TITLE D  
NAME LINN, JEFFREY N.  
STREET ADDRESS 4601 W COMANCHE AVE  
CITY-ST-ZIP TAMPA FL 33614

TITLE D  
NAME LINN, CRAIG  
STREET ADDRESS 4601 W COMANCHE AVE  
CITY-ST-ZIP TAMPA FL 33614

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Jeffrey N. Linn*

JEFFREY N. LINN

1-05-99

813-249-2525

Date

Daytime Phone #

CR2E034 (11/98)

US911993