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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

2. Principal Place of Business

Suite, Apt. #, etc.

## P9400006297 (3)

2a. Mailing Address

Suite. Apt. #, etc.

LINST WIELIONN LINVINO	E COMPANY OF OCALA, INC.
Principal Place of Business	Maling Address
1800 SW COLLEGE ROAD OCALA FL 34474 US	1800 SW COLLEGE ROAD OCALA FL 34474 US

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<ol> <li>Date Incorporated or Qualified 01/24/1994</li> </ol>	3a. Da	te of Last Report <b>04/27/1995</b>
4. FEI Number		Applied For
59-3224138		Not Applicable
5. Certilicate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be

	Suite, Apr. II., oto:	h-1			Ł	="		ree neganoa
22	City & State	27	City & State	~-		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
23	Zip Country	28	Zip Cou	ntry		8. This corporation has liability for	ir intangible es 🔲 No	tax under s 199.032,
24	25 9. Name and Address of Current I	29 Regi	30   Stered Agent	81	1	10. Name and Address of New		
	LINDELL J. MICHAEL			82	Street Addres	ss (P.O. Box Number is Not Accept	able)	

LINDELL, J. MICHAEL	82	Street Address (P.O. Box Number is Not A
233 EAST BAY ST. SUITE 620	83	
JACKSONVILLE FL 32202	84	City

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 difference 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 among the appointment of Section 607,0505, Florida Statutes.
footies with land accept the obligations of, Section 607,0000, Florida Statutes.

	perfor protect name of registered agree and the inc	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2. ILE SEC		DELFTE	1 LTOTLE	C Change C Address
	CKS, BRIAN D		1.2 NAME	
REET ADDRESS 589	1 PECAN ROAD		1.3 STHEET ADDRESS	
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IME .			2.2 NAME	
•			2.3 STREET ADDRESS	
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NAME			6 3 STREET ADDRESS	
STREET ADDRESS			64 CITY ST-ZIP	Provide Chat too I furth

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify 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 attachnight with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

85 Zip Code