

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  
Feb 05, 1999 8:00am  
Secretary of State

02-05-1999 90016 003 \*\*\*150.00

DOCUMENT # P94000036359

1. Corporation Name  
LINEAL TECHNICAL DESIGN, INC.

Principal Place of Business  
4010 GLEN GARRY ROAD EAST  
LAKELAND FL 33813

Mailing Address  
4010 GLEN GARRY ROAD EAST  
LAKELAND FL 33813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

2 City & State

27 City & State

3 Zip Country

28 Zip Country

4 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

05/09/1994

4. FEI Number

59-3242291

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

9. Name and Address of Current Registered Agent

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 607.0502 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE D ☐ DELETE

NAME SHIVERS, NEAL P  
STREET ADDRESS 4010 GLEN GARRY ROAD EAST  
CITY-ST-ZIP LAKELAND FL 33813

TITLE S ☐ DELETE

NAME SHIVERS, LINDA E  
STREET ADDRESS 4010 GLEN GARRY ROAD EAST  
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ DELETE

NAME SHIVERS, NEAL P  
STREET ADDRESS 4010 GLEN GARRY ROAD EAST  
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ DELETE

NAME SHIVERS, NEAL P  
STREET ADDRESS 4010 GLEN GARRY ROAD EAST  
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TITLE ☐ DELETE

NAME SHIVERS, NEAL P  
STREET ADDRESS 4010 GLEN GARRY ROAD EAST  
CITY-ST-ZIP LAKELAND FL 33813

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

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Neal P. Shivers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

Date

944-644-4996

Daytime Phone #

CR2E034 (1/98)