

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000007879 (6)

1. Corporation Name

LINICK, INC.

Principal Place of Business

Mailing Address

524 PILAKLAKAHA AVE
AUBURNDAL FL 33823

524 PILAKLAKAHA AVE
AUBURNDAL FL 33823



3. Date Incorporated or Qualified
01/30/1995

3a. Date of Last Report

2. Principal Place of Business

21. 524 PILAKLAKAHA AVE 26. Same

Suite, Apt #, etc

Suite, Apt #, etc

22. City & State 27. City & State

23. AUBURNDAL FL 28. AUBURNDAL FL

24. Zip 25. USA 29. 33823 30. POLK

4. FEI Number
59-3349028

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 has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, LINDA C
524 PILAKLAKAHA AVE
AUBURNDAL FL 33823

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 of appointment

(NOTE: Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D WALKER, LINDA C
STREET ADDRESS
524 PILAKLAKAHA AVE
CITY - ST - ZIP
AUBURNDAL FL 33823

11. TITLE ☐ Change ☐ Addition

12. NAME
SECRETARY
LINDA C. WALKER
13. STREET ADDRESS
Same
14. CITY - ST - ZIP

TITLE ☐ DELETE

NAME
D WALKER, LEONARD D
STREET ADDRESS
524 PILAKLAKAHA AVE
CITY - ST - ZIP
AUBURNDAL FL 33823

21. TITLE ☐ Change ☐ Addition

22. NAME
LEONARD D. WALKER
23. STREET ADDRESS
SAME
24. CITY - ST - ZIP
PRESIDENT

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leonard D. Walker LEONARD D. WALKER 6-28-96 944-967-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)