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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000081082 (6)

CARY LINKFIELD, INC.

FILED Apr 04 1997 8:00am Secretary of State



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Principal Place		Mailing Address		· 1441.44 1212. 2111. 2211. 2211.	₩#*#* 7#(₩* 118*1 ₩ #* E)	
2021 OLD OAK SAFETY HARBO		2012 OLD OAK LANE SAFETY HARBOR FL 3469	5-5219			
IS					1.6- 5	
				3. Date Incorporated or Qualified 10/19/1995	3a. Date of Late 02/01/199	
Principal Pi	apa of Business	2a. Mailing Address		4. FEI Number	1 05,0 1, 100	Applied For
	Brookside Dr	STEET STAME		59-3343054		Not Applicable
Suite, Apt.		Suite, Apt #, etc.		5. Certificate of Status Desired		5 Additional
		City & State				Required
City & State	A 16 0 10 0 1 1	28		Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
70° / 1 / 2	Country	Zip	Country	8. This corporation has liability for	ntangible tax und	ers. 199.032,
3460	7) 25	29	30		Yes No	
I IAN	9. Name and Address of Curren	t Hegistered Agent	81 Name /	10. Name and Address of New Re	gistered Agent	
	FIELD, CARY		I Name L	inkfield, lary		
	OLD OAK LANE ETY HARBOR FL 34695		82 Street Ad	dress (P.O. Box Number is Not Acceptab	ole)	
OAF	ETT FIANDON PE 34093		83 200	- 0 1 //>		
			206	s prookside or		
			84 City	Cat Hackers	FL 85 2	Zip Code
1. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508. Florida Statut	es, the above-named co	progration submits this statement for the pration's board of directors. I hereby accept		na its registered
IGNATURE	m familiar with, and accept the obligation of registered against the control of t		E Registered Agent signature rec	and the second s	DATE	
2.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
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reet adoress	% 2012 OLD OAK LANE		1.3 STREET ADDRESS	TORZ RYDOKZIGE OL		
TY-ST-7#P	SAFETY HARBOR FL 34695		1.4 CITY-ST-ZIP	Safety Harbor FC 3	7695	
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and nereby certify that the information supplied with this tilling does not quality 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 of changed, or on an attachment with an address.