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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 22 PM 1:55

DOCUMENT # P95000091163 (2)

1. Corporation Name
LINDA'S TRADING POST, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
2375 CENTERVILLE ROAD TALLAHASSEE FL 32308 **2375 CENTERVILLE ROAD TALLAHASSEE FL 32308-4317**

3. Date Incorporated or Qualified **01/01/1996** 3a. Date of Last Report
 4. FEI Number **59-3357993** 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 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **104 W. Hwy 98** 26 **P.O. Box 589**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 **Carrabelle, FL** 28 **Carrabelle, FL**
 Zip Country Zip Country
 24 **32322** 25 **USA** 29 **32322** 30 **USA**

9. Name and Address of Current Registered Agent
GLOVER, RICHARD A
2375 CENTERVILLE ROAD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent
 81 Name **Linda J. Hewitt**
 82 Street Address (P.O. Box Number is Not Acceptable) **104 W. Hwy 98**
 83
 84 City **Carrabelle, FL** FL 85 Zip Code **32322**

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 *Linda J. Hewitt* **Linda J. Hewitt** **4/10/97**
(Signature, printed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HEWITT, LINDA J
STREET ADDRESS	POST OFFICE DRAWER JJ N/A
CITY-ST-ZIP	CARRABELLE FL 32322
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	D. Linda J. Hewitt
13 STREET ADDRESS	P.O. Drawer 589
14 CITY-ST-ZIP	104 W. Hwy 98
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	\$165 BANK
64 CITY-ST-ZIP	72897

14. I do 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.

SIGNATURE *Linda J. Hewitt* **Linda J. Hewitt** **4/10/97** **244 197 2510**

CR2E034 (9/96)