FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600009272 (1)

LINDSLEY BUILDER'S INC.

Principal Place of Business

Mailing Address

3303 N LAKEVIEW DR. #2102 TAMPA FL 33618 3303 N LAKEVIEW DR. #2102 TAMPA FL 33618-1324 FILED May 01 1997 8:00am Secretary of State



| TAMPA FL 336 | 18 | TAMPA FL 33618-1324 | | | |
|--|---|----------------------------------|---|---|---|
| | | | | 3. Date Incorporated or Qualified 01/30/1996 | 3a. Date of Last Report |
| | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | S.BOX SIG | 26 P.O. BOX S | sico | 59.336726 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | te | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 00 | ESSA, FLA | 28 ONESEA, | FLA | Trust Fund Contribution | Added to Fees |
| Zip | Country | 7 ip | Country | 8. This corporation has liability for it | ntangible tax under s. 199.032. |
| 24 33S | | | 10 USA | Florida Statutes | Yes 🔼 No |
| | 9. Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New Reg | istered Agent |
| | OSLEY, STEPHEN D | | 81 Name | | |
| | 3 N LAKEVIEW DR, #2102 | | 82 Street A | ddress (P.O. Box Number is Not Acceptable | e) |
| TAM | IPA FL 33618 | | | | |
| | | | 83 | | |
| | | | 84 City 1 | | 85 Zip Code |
| 11 Durament | to the provisions of Sections 607 Of C | 12 and 607 1500 Flacida Ciatrica | l l | orporation submits this statement for the pu | FL S Zip Code |
| otrige or r | registered agent, or both, in the State am familiar with, and accept the oblig |) of Horida. Such change was au | thorized by the corpo | orporation submits this statement for the poration's board of directors. I hereby accep | appose of changing its registered the appointment as registered |
| SIGNATURE | Signature, typed or printed name of registered ag- | | Registered Agent signature re | quired when reinstaling) | DATE |
| 12. | OFFICERS AN | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | | DELETE | 1.1 TITLE | M | Change 🔀 Addition |
| NAME | | | 1.2 NAME | NILDA LINDSLEY | ne al mane |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | 3303 N. LAKEVIEW | Del & Elec |
| CITY-ST-ZIP | | · | 1.4 CITY - ST - ZIP | TAMPA FL 33618 | |
| TITLE | | ☐ DELETE | 2.1 11TLE | | Change Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | Doller | 2 4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 31 TITLE | | L_ Change L_ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | _ |
| CITY-ST-ZIP TITLE | | | | | ^ |
| | | DELETE | 3.4. CITY - ST - ZIP | | Change Clause |
| | = | DELETE | 3.4. CHY-S1-ZIP 4.1 TITLE | | ☐ Change ☐ Adorto |
| NAME | | ☐ DELETE | 3.4. CHY-S1-ZIP 4.1 TITLE 4. 2 NAME | | ☐ Change ☐ Adams |
| NAME STREET ADDRESS | | ☐ DELETE | 3.4. CHY+S1-7IP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS | | Change Change |
| NAME Street address City-St-Zip | | | 3.4. CHY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP | | Pille |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | | DELETE | 3.4. CHY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | 3.4. CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME | | Pile |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 | | Pille |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | DELETE | 3.4. CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP | | ☐ Change ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | 3.4. CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE | 20000216 | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | DELETE | 3.4. CHY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-S1-ZIP 6.1 TITLE G2 NAME | 20000216 -05/06/970104 | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | DELETE | 3.4. CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE | 20000216 -05/06/970104 ***165.00 | Change Addition |

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 or an attachment with an address.

CICMATURE.

icial Aller Alica el el el

4-17-05

010-676-4533