

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

DOCUMENT # **996000035512**
1. Corporation Name
LAKE LINDA CIRCLE DEVELOPMENT CORP.

FILED
99 FEB 11 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2036 LAKE LINDA CIR.
LUTZ, FL 33549
US**

Mailing Address
**2036 LAKE LINDA CIR.
LUTZ, FL 33549
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/24/1996
4. FEI Number
59-3373584
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
10. Name and Address of New Registered Agent

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

9. Name and Address of Current Registered Agent

**RONALD OLESKI
2036 LAKE LINDA CIRCLE
LUTZ, FL 33549**

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D OLESKI, RONALD	[] Change [] Addition
12 NAME	2036 LAKE LINDA CIRCLE	
13 STREET ADDRESS	LUTZ, FL 33549	
14 CITY-ST-ZIP		
21 TITLE	V/D BIGELOW, WESLEY	[] Change [] Addition
22 NAME	2036 LAKE LINDA CIRCLE	
23 STREET ADDRESS	LUTZ, FL 33549	
24 CITY-ST-ZIP		
31 TITLE	S/D SMITH, RITA	[] Change [] Addition
32 NAME	2036 LAKE LINDA CIRCLE	
33 STREET ADDRESS	LUTZ, FL 33549	
34 CITY-ST-ZIP		
41 TITLE	T/D KITCHENS, LYNNE	[] Change [] Addition
42 NAME	2036 LAKE LINDA CIRCLE	
43 STREET ADDRESS	LUTZ, FL 33549	
44 CITY-ST-ZIP		
51 TITLE	D McARTHUR, RICHARD	[] Change [] Addition
52 NAME	2036 LAKE LINDA CIRCLE	
53 STREET ADDRESS	LUTZ, FL 33549	
54 CITY-ST-ZIP		
61 TITLE		[] Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. 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: **Lynne B. Kitchens** **LYNNE B. KITCHENS** **01/30/99** **(813) 949-6262**

CR2E034 (11/98)