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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORFORATIONS

DOCUMENT # P96000057315 (9)

LINDA HORNFECK, INC.

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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NAME

4716 CHEVY PLACE **4716 CHEVY PLACE** ORLANDO FL 32811 ORLANDO FL 32811-7366 3. Date Incorporated or Qualified 3a. Date of Last Report 07/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59- 3387500 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Žip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 Yes No 24 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HORNFECK, LINDA **4716 CHEVY PLACE** 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32811 83 84 City Zio Code 85 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 (NOTL: Hegistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 101.6 Louda Hornfeck 4716 Chevy Place Orlando, FL 32811 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 C/TY - ST - Z/F DELETE ☐ Change Addition TITLE 21 TILLE NAME 2.2 NAME

23 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

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5.4 C/1Y-ST-7IP

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3.2 NAME

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4.2 NAM

5.1 THLF

5.2 NAME

6.4 TITLE

6.2 NAME

DELETE

DELETE

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DELETE

14. Ido 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 annual report is true and accurate and that my signature shall have the same logal 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.

LANGER DE CONTRACTOR

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FILED

May 06 1997 8:00am

Secretary of State

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