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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000089241 (9)**

1. Corporation Name
LINGE FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
3101 SAWGRASS VILLAGE CIR PONTE VEDRA BEACH FL 32082	3101 SAWGRASS VILLAGE CIR PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified: 10/28/1996
3a. Date of Last Report:

2. Principal Place of Business
21 Suite, Apt. #, etc: 22 104
23 City & State: Ponte Vedra Beach Fl.
24 Zip: 32082 25 Country:

2a. Mailing Address
26 Suite, Apt. #, etc: 27 104
28 City & State: Ponte Vedra Beach Fl.
29 Zip: 32082 30 Country:

4. FEI Number: 59-3409712 ☐ 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

9. Name and Address of Current Registered Agent

LINGE, JOHN B JR
3101 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name: Linge John B. JR
82 Street Address (P.O. Box Number is Not Acceptable): 10033 Sawgrass Dr. W.
83: Suite 104
84 City: Ponte Vedra Beach FL 85 Zip Code: 32082

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 _____ DATE _____
* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	President ☐ Change ☒ Addition
NAME		1.2 NAME	John B Linge Jr
STREET ADDRESS		1.3 STREET ADDRESS	10033 Sawgrass Dr W. Suite 101
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: John B. Linge Jr. **REQUIRED** 4/21/97 (904) 280-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #