

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90150 047 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000076830**

1. Corporation Name  
**G. M. LINK, INC.**



Principal Place of Business  
**707 CARPENTERS WAY NO 35  
 LAKELAND FL 33809**

Mailing Address  
**707 CARPENTERS WAY NO 35  
 LAKELAND FL 33809**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/03/1997**

4. FEI Number  
**59-3464744**

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

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

2a. Mailing Address  
 26 Suite, Apt. #, etc  
 27 City & State  
 28 Zip Country  
 29

9. Name and Address of Current Registered Agent  
**LINK, GREG  
 707 CARPENTERS WAY NO 35  
 LAKELAND FL 33809**

10. Name and Address of New Registered Agent  
 81 Name **MARILYN K. LINK**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**707 CARPENTERS WAY #35**  
 83  
 84 City **LAKELAND** FL 85 Zip Code **33809**

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]* DATE **3/10/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINK, GREG</b>	1.2 NAME	
STREET ADDRESS	<b>707 CARPENTERS WAY NO 35</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINK, MARILYN</b>	2.2 NAME	
STREET ADDRESS	<b>707 CARPENTERS WAY NO 35</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *[Signature]* DATE **3/10/99** 813-779-9616

CR2E034 (11/98)