

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 # P98000007752

1. Corporation Name

LINEBAUGH DEVELOPMENT, INC.

Principal Place of Business

5405 CYPRESS CENTER DRIVE #200 320  
TAMPA FL 33609

Mailing Address

5405 CYPRESS CENTER DRIVE #200 320  
TAMPA FL 33609

2. Principal Place of Business

21 5405 CYPRESS CENTER DRIVE

2a. Mailing Address

26 5405 CYPRESS CENTER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 320

27 320

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33609

Country

Zip

29 33609

Country

30

9. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W  
415 SOUTH HYDE PARK AVENUE  
TAMPA FL 33606

3. Date Incorporated or Qualified

01/26/1998

4. FEI Number

59-3488515

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D RATH, FRED H  
STREET ADDRESS  
5405 CYPRESS CENTER DRIVE #200  
CITY-ST-ZIP  
TAMPA FL 33609

TITLE ☐ DELETE

NAME  
D HARPER, WILLIAM H  
STREET ADDRESS  
1415 EAST 2ND AVENUE  
CITY-ST-ZIP  
TAMPA FL 33605

TITLE ☐ 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

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5405 CYPRESS CENTER DRIVE, Suite 320  
TAMPA, FL 33609

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5405 CYPRESS CENTER DRIVE, Suite 320  
TAMPA, FL 33609

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Victor W. Holcomb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

813-636-8860  
Daytime Phone #

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90015 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0389384

CR2F034 (1/1/98)