2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000073719

1. Entity Name
LINTON JOG ASSOCIATES III, INC.

Principal Place of Business	Mailing Address
4400 PGA BLVD SUITE 900 PALM BEACH GARDENS, FL 33410	4400 PGA BLVD SUITE 900 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0859454

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHERRY, RICHARD G
4400 PGA BLVD, SUITE 900
PALM BEACH GARDENS, FL 33410

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILMERING, N. KENT
STREET ADDRESS	PO BOX 2011
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	VSD
NAME	HOECKER, JOHN J
STREET ADDRESS	18969 SE WINDWARD ISLAND WAY
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	TD
NAME	HOECKER, GARY
STREET ADDRESS	214 S GRAND AVE W
CITY-ST-ZIP	SPRINGFIELD, IL 62704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/04-80104-015 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard G. Cherry V/Pres. 4/22/04 (561) 471-7767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #