

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



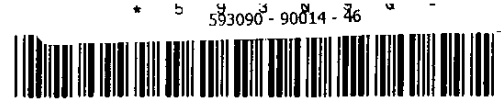
FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90014 046 \*\*\*550.00

DOCUMENT # **P98000097864**

1. Corporation Name  
**L&D LIMITED, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**9 KING STREET UNIT C  
ST. AUGUSTINE FL 32085**

Mailing Address  
**9 KING STREET UNIT C  
ST. AUGUSTINE FL 32085**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified  
**11/19/1998**

4. FEI Number  
**59-354-5011**

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**YOUNG, DINK S  
2727-B 1ST AVENUE  
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**900 Delcie DR.**  
83  
84 City **St. Augustine** FL 85 Zip Code **32086**

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 **Dink S. Young V.P. Pres**

(NOTE: Registered Agent signature required when reinstating)

DATE **7-14-99**

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE  
NAME **JEZEK, LESA L**  
STREET ADDRESS **2304 LIVE OAK CIR**  
CITY-ST-ZIP **ROUND ROCK TX 78681**

TITLE **D** ☐ DELETE  
NAME **YOUNG, DINK S**  
STREET ADDRESS **2727-B 1ST AVENUE**  
CITY-ST-ZIP **FERNANDINA FL 32034**

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 **P/S** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **900 Delcie DR.**  
1.4 CITY-ST-ZIP **ST. Augustine, FL. 32086**

2.1 TITLE **V/P** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **900 Delcie DR.**  
2.4 CITY-ST-ZIP **ST. Augustine, FL 32086**

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.

SIGNATURE: **Dink S. Young V.P. Pres**

DATE **7-14-99** 904-827-9394

CR2E034 (5/99)