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 # P98000104237

1. Corporation Name

STREET ADORESS

LINDY DISH T CONTRACTORS INC

LINDT DC	JET CONTRACTORS, INC.	•				
Principal Place of Business Mailing Address						- *
3682 BALTUSROL COURT 3682 BALTUSROL COURT						
GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32)43			DO NOT MENTE IN THIS SPACE
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
		1 2 2 2				12/10/1998 4. FEI Number Applied For
Principal Place of Business Za. Mailing Address			•			
21 26						59-365 93 9 Not Applicable \$8.75 Additional
Suite, Apt. #, etc.			•			5. Certificate of Status Desired Fee Required
22						6. Election Campaign Financing \$5.00 May Be
						Trust Fund Contribution Added to Fees
23 Zip	Country	Zip	Countr	rv		8. This corporation owes the current year Intangible
_	25	29 3	_	•		Personal Property Tax.
24	9. Name and Address of Currer		<u> </u>			10. Name and Address of New Registered Agent
			8	1	Name	
Sheffield, J. Howard			<u> </u>	82 Street Address (P.O. Box Number is Not Acceptable)		
4209 BAYMEADOWS RD., STE. 4			82 Street Add			SSS (F.O. DOX Hallidor to Hot Abdoption)
JACK		8	3			
		•	Ļ	_	-	85 Zip Code
			8	4	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						
office or r agent. I a	im familiar with, and accept the obliga	. Now MEL	in Statute	≇s. ት ′	O.Br	own Pres. 4/10/99
			13.	jent s	agnature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12 TITLE	DPS DELETE		1,1 TITLE			☐ Change ☐ Addition
	BROWN, MELINDA		1.2 NAME		ŀ	
NAME	ACCO DALTHODOL COURT		1.3 STREET ADDRESS		IDORESS	
OPEN COVE ORDINGS EL 20042			1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	DELETE			2.1 TITLE		☐ Change ☐ Addition
			2.2 NAME			
NAME	,		2.3 STREET ADDRESS		INDRESS.	
STREET ADDRESS			2.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE			3.1 TITLE		24	☐ Change ☐ Addition
NAME .	the state of the s		3.2 NAME			- · · · · · · · · · · · · · · · · · · ·
STREET ADORESS			L		NODRESS	•
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE	DELETE			4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM	4. 2 NAME		
STREET ADDRESS					NODRESS	
				4.4 CITY-ST-ZIP		
CITY-ST-ZIP DELETE			_	5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAM			
STREET ADDRESS	,		5.3 STRE	EETA	ADDRESS	
CITY-ST-ZIP	Ί		5.4 CITY-	-ST-2	ZIP	
TITLE	□ PELETE		6.1 TITLE			☐ Change ☐ Addition
114185	1		6.2 NAM	Ε		

May 03, 1999 8:00 am Secretary of State

05-03-1999 90020 036 ***150.00

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.

6.3 STREET ADDRESS

SIGNATURE: