## 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 #

Corporation Name

NAME

STREET ADDRESS

LINCOLNIMILED ID INC

TI. LINO	OLIN WILLEIT, OTT-, INC.								
Principal Place	e of Business	Mailing Address				- 1 100010010 101 (100) HOLLO 11001 VISTA 1001 VI	i) <b>ele</b> di <b>ele</b> li		
773 N ST JUDE PO BOX 3196		PO BOX 3196 SARASOTA FL 34230							
SARASOTA FL 34230 US						DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualifed			
	•					12/13/1990			
2. Principal P	lace of Business	2a. Mailing Address		-	<u>.</u>	. 4. FEI Number		Appl	lied For
21		26				11-2440241		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•		Iditional
22		27				3. Certificate of Status Desired	Fe	e Req	uired
City & State	e	City & State				6. Election Campaign Financing	\$5	.00 M	lay Be
23		28				Trust Fund Contribution	Ad	ded to	Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year			
24	25	29	30			Personal Property Tax.	☐Yes		No
	9. Name and Address of Currer	nt Registered Agent		ļ.,		10. Name and Address of New Register	d Agent		
				81	Name				
MILLER JR, H LINCOLN				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
773 N ST JUDES DR					Officer Address (Fig. 20x Frames)				
	GBOAT KEY			83					
. SAR	ASOTA FL 34228			84	City		85	Zip Co	nde
				"	City	F	L S	<b>-</b> P	
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was a	uthorized	d by	the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changir pointment	ng its re as regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered	i Agen	t signature required	when reinstating) DATE			
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	P	☐ DELETE	1.1 Π	TLE	Ì		☐ Cha	ange	☐ Addition
NAME	INICEELI, IT CHIOCELY, IT.		1.2 N	AME					
STREET ADDRESS	773 N ST JUDES DR		1.3 STREET ADDRESS		TADORESS				
CITY-ST-ZIP	SARASOTA FL		1.4 CI	TY-SI	T-ZIP				
TITLE	ST DELETÉ 2.17			TLE	1	·	☐ Cha	ange	☐ Addition }
NAME	MILLER, MARGARET B		2.2 N	AME					
STREET ADDRESS	773 N ST JUDES DR	<u> </u>	2.3 \$1	TREET	ADDRESS				ľ
CITY-ST-ZIP	SARASOTA FL 2.40			TY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TT	TLE			Cha	ange	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 ST	TREET	ADDRESS				
CITY-ST-ZIP			34. C	ITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TF	TLE			☐ Cha	ange	Addition
NAME			4.2 N	IAME					
STREET ADDRESS					ADDRESS	•			}
CITY-ST-ZIP		•	,	ITY-S1					
TITLE	.,,.,,	☐ DELETE	5.1 TI				☐ Cha	ange	Addition
NAME			5.2 N/	AME					
STREET ADDRESS			5.3 ST	TREET	ADDRESS				
CITY-ST-ZIP			5.4 CI	ITY-SI	T-ZIP				ļ
TITLE	3414	☐ DELETE	6,1 TT	TLE			☐ Cha	₃nge	Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90050 028 \*\*\*150.00