FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V66465 (8)

1. Corporation Name
LINDOWEN'S INC.

Principal Place of Business	Mailing Address
1133 U.S. HWY 1 SEBASTIAN FL 32958	P.O. BOX 780376 SEBASTIAN FL 32978

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/24/1992
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21 10931 U.S. 1
22 Suite, Apt. #, etc. Bldg. 2 #12
23 City & State Sebastian - Fl.
24 Zip 32958 25 Country U.S.A. I.River Ft.

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 59-3147431 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HEARD, LINDA
1133 U.S. HIGHWAY #1
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable) 10931 U.S.1, Bldg 2, #12
93 Sebastian
94 City FL 95 Zip Code 32958

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☒ Change ☐ Addition
NAME	HEARD, LINDA	1.2 NAME	
STREET ADDRESS	1133 U.S. HIGHWAY #1	1.3 STREET ADDRESS	10931 U.S. 1
CITY-ST-ZIP	SEBASTIAN FL 32958	1.4 CITY-ST-ZIP	Sebastian, Fl. 32958
TITLE	VS	2.1 TITLE	☒ Change ☐ Addition
NAME	WITTEK, OWEN	2.2 NAME	
STREET ADDRESS	1133 U.S. HIGHWAY #1	2.3 STREET ADDRESS	10931 U.S. 1
CITY-ST-ZIP	SEBASTIAN FL 32958	2.4 CITY-ST-ZIP	Sebastian, Fl. 32958
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Linda Heard (LINDA HEARD) 4.20.95 407 589-3734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0432009 FP