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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L94832 (7)
1. Corporation Name
LINDA C. GREENE, P.A.



Principal Place of Business
-607 WEBSTER ST.
-LEECSBURG FL 34748
Mailing Address
902 WEBSTER ST.
LEECSBURG FL 34748-5026

2. Principal Place of Business
21 12941 Cherrydale Court
Suite, Apt. #, etc.

2a. Mailing Address
26 P. O. Box 4277
Suite, Apt. #, etc.

22 City & State
23 Ft. Myers, FL
Zip
24 33919

27 City & State
28 N. Fort Myers, FL
Zip
29 33918-4277

30 USA

3. Date Incorporated or Qualified
08/20/1990

3a. Date of Last Report
04/24/1996

4. FEI Number
59-3060396
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

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

9. Name and Address of Current Registered Agent

ROTH, JOSEPH E.
11595 KELLY ROAD, STE 121
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name Joseph E. Roth, CPA
82 Street Address (P.O. Box Number is Not Acceptable)
8695 College Parkway, #305
83
84 City Ft. Myers FL 85 Zip Code 33919

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.
Joseph E. Roth

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME PSTD-
STREET ADDRESS GREENE, LINDA C
CITY-ST-ZIP 1528 SO POINTE DR.
LEECSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME PSTD
1.3 STREET ADDRESS GREENE, Linda C.
1.4 CITY-ST-ZIP 12941 Cherrydale Court
Ft. Myers, FL 33919

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Signature of registered agent

941-433-10

CR2E034 (9/96)