

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 719806 (2)

1. Corporation Name

LEE BUILDING INDUSTRY ASSOCIATION, INC.

**APPROVED
AND
FILED**

Principal Place of Business

Mailing Address

4571 COLONIAL BLVD
FT MYERS FL 33912

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FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/07/1970**
3a. Date of Last Report: **07/27/1994**

4. FBI Number: **59-13185-63**
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Applied For: Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REITMANN, MICHAEL
4571 COLONIAL BLVD
FT MYERS FL 33912**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **P**
NAME: **SYLVESTER, FRED**
STREET ADDRESS: **72 FIRST ST**
CITY - ST - ZIP: **FT. MYERS FL**

1.1 TITLE: **P** Change Addition
1.2 NAME: **BATES, JAN**
1.3 STREET ADDRESS: **6325 PRESIDENTIAL CT #8**
1.4 CITY - ST - ZIP: **FT. MYERS FL**

TITLE: **VD**
NAME: **BATES, JAN**
STREET ADDRESS: **6325 PRESIDENTIAL CT., #8**
CITY - ST - ZIP: **FT. MYERS FL**

2.1 TITLE: **VD** Change Addition
2.2 NAME: **CANTWELL, DENNIS J.**
2.3 STREET ADDRESS: **3421 BONITA BEACH RD.**
2.4 CITY - ST - ZIP: **BONITA SPRINGS FL**

TITLE: **TD**
NAME: **FRENCH, SHARON**
STREET ADDRESS: **P. O. BOX 61527 N/A**
CITY - ST - ZIP: **FT. MYERS FL**

3.1 TITLE: **TD** Change Addition
3.2 NAME: **WEEKS, TRACY D.**
3.3 STREET ADDRESS: **4309 MCGREGOR BLVD.**
3.4 CITY - ST - ZIP: **FT. MYERS FL**

TITLE: **SD**
NAME: **CANTWELL, DENNIS**
STREET ADDRESS: **3421 BONITA BEACH RD., #408**
CITY - ST - ZIP: **BONITA SPRINGS FL**

4.1 TITLE: **SD** Change Addition
4.2 NAME: **CATANZARITI, JOSEPH**
4.3 STREET ADDRESS: **7250 HEAVEN LN.**
4.4 CITY - ST - ZIP: **FT. MYERS FL**

TITLE: **VD**
NAME: **CARUSO, TODD**
STREET ADDRESS: **8181 COLLEGE PKWY., #302**
CITY - ST - ZIP: **FT. MYERS FL**

5.1 TITLE: **VD** Change Addition
5.2 NAME: **FRENCH-MILLER, SHARON**
5.3 STREET ADDRESS: **PO BOX 61527 N/A**
5.4 CITY - ST - ZIP: **FT. MYERS FL**

TITLE: **V**
NAME: **REITMANN, MICHAEL**
STREET ADDRESS: **4531 COLONIAL BLVD**
CITY - ST - ZIP: **FT. MYERS FL**

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael Reitmann **MICHAEL REITMANN** 3-1-95 (813) 936-5725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Name