


FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90075 030 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 719806

1. Corporation Name

LEE BUILDING INDUSTRY ASSOCIATION, INC.

Principal Place of Business

4571 COLONIAL BLVD
 FT MYERS FL 33912

Mailing Address

4571 COLONIAL BLVD
 FT MYERS FL 33912



273910 - 90064 - 33

| | | | | | |
|--------------------------------|--------------------|---------------------|--------------------|---|-------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | 4210 Metro Parkway | 26 | 4210 Metro Parkway | 12/07/1970 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | Suite 100 | 27 | Suite 100 | 59-1313363 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Fort Myers Fl | 28 | Fort Myers Fl | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | 33916 | 25 | USA | 29 | 33916 |
| | | | | 30 | USA |

| | | | | | | | |
|--|--|----|--|--|--|--|----|
| 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 | Suite 100 | | |
| | | | | 84 | City | | 85 |
| Fort Myers | | FL | | 33916 | | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | VD <input type="checkbox"/> DELETE | 1.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STOKES, WYMAN | 1.2 NAME | STOKES, WYMAN |
| STREET ADDRESS | 15951 MCGREGOR BLVD. | 1.3 STREET ADDRESS | 15951 MCGREGOR BLVD. |
| CITY-ST-ZIP | FORT MYERS FL | 1.4 CITY-ST-ZIP | FORT MYERS FL |
| TITLE | P <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VP VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LYONS, BOBBY | 2.2 NAME | JENKINS, FRANK |
| STREET ADDRESS | 1220 TOWNE LAKE DR., #1 | 2.3 STREET ADDRESS | 6566 DANIEL COURT |
| CITY-ST-ZIP | FT. MYERS FL | 2.4 CITY-ST-ZIP | FORT MYERS FL |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCMURRAY, DARIN | 3.2 NAME | ENGEL, JOHN |
| STREET ADDRESS | 10491 SIX MILE CYPRESS PKWY | 3.3 STREET ADDRESS | 1110 PINE ISLAND ROAD #13 |
| CITY-ST-ZIP | FT. MYERS FL | 3.4 CITY-ST-ZIP | CAPE CORAL FL |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONTERO, HENRY | 4.2 NAME | DANNENHAUER, MICHAEL |
| STREET ADDRESS | 12453 S. CLEVELAND AVE. | 4.3 STREET ADDRESS | 1614 COLONIAL BLVD. |
| CITY-ST-ZIP | FORT MYERS FL | 4.4 CITY-ST-ZIP | FORT MYERS FL |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REITMANN, MICHAEL | 5.2 NAME | |
| STREET ADDRESS | 4531 COLONIAL BLVD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 617, 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.

SIGNATURE: MICHAEL REITMANN 1-20-99 (941) 936-5525

CR2E037 (1/98)