FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **J91357** **(0)**

1. Corporation Name
LEE SIDE SERVICES, INC.

Principal Place of Business	Mailing Address
11922 FAIRWAY LAKES DR FT.MYERS FL 33913 US	11922 FAIRWAY LAKES DR. FT. MYERS FL 33913 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/04/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: **65-0005567** ☐ Applied For ☐ Not Applicable
Suite, Apt. # etc. 22
Suite, Apt. # etc. 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23
City & State 28
Zip 24 County 25
Zip 29 County 30
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. Does corporation have 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
LUMSDEN, DENNIS J. 11930 FAIRWAY LAKES DRIVE FT MYERS FL 33913	81 Name: Samuel E. Dockery 82 Street Address (P.O. Box Number is Not Acceptable): 11922 Fairway Lakes Drive 83 84 City: Fort Myers FL 85 Zip Code: 33913

11. Pursuant to the provisions of Section 607.1622, 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 607.325, Florida Statutes.

SIGNATURE: Samuel E. Dockery

12. OFFICER AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS
TITLE: D NAME: DOCKERY, SAMUEL E. STREET ADDRESS: 11930 FAIRWAY LAKES DR CITY-ST-ZIP: FT MYERS FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I declare, under that the information supplied with this report 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 11 or Block 12 if changed, or added, mailing address.

SIGNATURE: Samuel E. Dockery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0333642 CP