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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J91357	(0)
1. Corporation Name LEE SIDE SERVICES, INC.	

Principal Place of Business 11922 FAIRWAY LAKES DR. FT. MYERS FL 33913 US	Mailing Address 11922 FAIRWAY LAKES DR. FT. MYERS FL 33913 US
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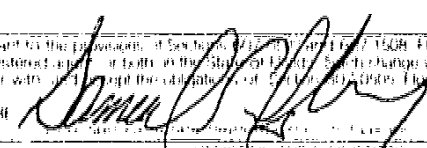
2. Director or person in charge 21	28. Mailing Address 26
State Apt. # etc. 22	State Apt. # etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

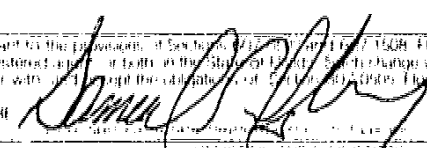
DO NOT WRITE IN THIS SPACE	
3. Date incorporated or qualified 09/04/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0005567	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.022 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent LUMSDEN, DENNIS J. 11930 FAIRWAY LAKES DRIVE FT MYERS FL 33913	
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10. Name and Address of New Registered Agent Samuel E. Dockery 11922 Fairway Lakes Drive Fort Myers FL 33913	
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11. Pursuant to the provisions of Sections 219.01 and 219.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or registered agent in 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 a registered agent under Florida Statutes.

SIGNATURE: 

By:  Samuel E. Dockery, Registered Agent

12. OFFICERS, AND THEIR CHANGES		13. ADDITIONS TO OFFICERS, TO DIRECTORS, AND THEIR CHANGES IN 1995	
NAME DOCKERY, SAMUEL E.	STREET ADDRESS 11930 FAIRWAY LAKES DR	NAME DOCKERY, SAMUEL E.	STREET ADDRESS 11930 FAIRWAY LAKES DR
CITY FT MYERS FL	STATE FL	CITY FT MYERS FL	STATE FL
NAME DOCKERY, SAMUEL E.	STREET ADDRESS 11930 FAIRWAY LAKES DR	NAME DOCKERY, SAMUEL E.	STREET ADDRESS 11930 FAIRWAY LAKES DR
CITY FT MYERS FL	STATE FL	CITY FT MYERS FL	STATE FL
NAME DOCKERY, SAMUEL E.	STREET ADDRESS 11930 FAIRWAY LAKES DR	NAME DOCKERY, SAMUEL E.	STREET ADDRESS 11930 FAIRWAY LAKES DR
CITY FT MYERS FL	STATE FL	CITY FT MYERS FL	STATE FL
NAME DOCKERY, SAMUEL E.	STREET ADDRESS 11930 FAIRWAY LAKES DR	NAME DOCKERY, SAMUEL E.	STREET ADDRESS 11930 FAIRWAY LAKES DR
CITY FT MYERS FL	STATE FL	CITY FT MYERS FL	STATE FL
NAME DOCKERY, SAMUEL E.	STREET ADDRESS 11930 FAIRWAY LAKES DR	NAME DOCKERY, SAMUEL E.	STREET ADDRESS 11930 FAIRWAY LAKES DR
CITY FT MYERS FL	STATE FL	CITY FT MYERS FL	STATE FL
NAME DOCKERY, SAMUEL E.	STREET ADDRESS 11930 FAIRWAY LAKES DR	NAME DOCKERY, SAMUEL E.	STREET ADDRESS 11930 FAIRWAY LAKES DR
CITY FT MYERS FL	STATE FL	CITY FT MYERS FL	STATE FL

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 219.02(1)(b), Florida Statutes. I further certify that the information contained on this 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 registered agent empowered to execute the report as required by Chapter 219, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in Block 13 with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR