FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

3. Date Incorporated or Qualified: 09/04/1987	3a. Date of Last Report: 05/01/1995
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 s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 11930 FAIRWAY LAKES DR	26 11930 FAIRWAY LAKES DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FT. MYERS, FL	28 City & State: FT. MYERS, FL
24 Zip: 33913 / 25 Country: U.S.A.	29 Zip: 33913 / 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

DOCKERY, SAMUEL
11922 FAIRWAY LAKES DRIVE
FT MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 11930 FAIRWAY LAKES DRIVE.

83

84 City: **FL** 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOCKERY, SAMUEL E. 11930 FAIRWAY LAKES DR FT MYERS FL	☐ DELETE	11 TITL / 12 NAM / 13 STREET ADDRESS / 14 CITY ST ZIP	P, VP, T, S	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITL / 22 NAM / 23 STREET ADDRESS / 24 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITL / 32 NAM / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITL / 42 NAM / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITL / 52 NAM / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITL / 62 NAM / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 119.07(3)(k), 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: _____ 4/21/96 941-768-5070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #