

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90006 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J91357**

1. Corporation Name
LEE SIDE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **09/04/1987**
 4. FEI Number: **65-0005567** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: **11930 Fairway Lakes Dr** Suite, Apt. #, etc.: **Suite #2** City & State: **Fort Myers, Florida** Zip: **33913** Country: **USA**
 2a. Mailing Address: **11930 Fairway Lakes Dr** Suite, Apt. #, etc.: **Suite #2** City & State: **Fort Myers Florida** Zip: **33913** Country: **USA**

9. Name and Address of Current Registered Agent
DOCKERY, SAMUEL
11922 FAIRWAY LAKES DR.
FT MYERS FL 33913

10. Name and Address of New Registered Agent
 81 Name: **DOCKERY, SAMUEL E**
 82 Street Address (P.O. Box Number is Not Acceptable): **11930 Fairway Lakes Dr.**
 83 Suite #2
 84 City: **Fort Myers** FL 85 Zip Code: **33913**

11. Pursuant to the provisions of Sections 607.0302 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: *Samuel E. Dockery* **Samuel E. Dockery** 4-26-99 DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PTSD | <input type="checkbox"/> DELETE |
| NAME | DOCKERY, SAMUEL E. | |
| STREET ADDRESS | 11922 FAIRWAY LAKES DR. | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | PTSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | DOCKERY, SAMUEL E. | |
| 1.3 STREET ADDRESS | 11930 Fairway Lakes Drive | |
| 1.4 CITY-ST-ZIP | Fort Myers, FL 33913 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 607, 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: *Samuel E. Dockery* **Samuel E. Dockery** 4-26-99 941-768-5070 DATE Daytime Phone #

CR2E034 (11/98)