FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G80180 (4)

1. Corporation Name
LEES DEVELOPMENT COMPANY, INC.

Principal Place of Business	Mailing Address
HWY 100 E. SUITES 6 & 7 COASTAL CENTRE P.O. BOX 1747 PALM COAST FL 32035	HWY 100 E. SUITES 6 & 7 COASTAL CENTRE P.O. BOX 1747 PALM COAST FL 32035

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/17/1994
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business
21: 300 NORTH STATE ST.
22: Suite, Apt. #, etc.
23: City & State: BUNNELL, FL
24: Zip: 32110 25: Country

2a. Mailing Address
26: P.O. BOX 1959
27: Suite, Apt. #, etc.
28: City & State: BUNNELL, FL
29: Zip: 32110 30: Country

4. FEI Number: 59-2359378 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEES, GEORGE R.
HWY 100 E. SUITES 6 & 7 COASTAL CENTRE
PALM COAST FL 32037

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable): 300 NORTH STATE ST.
93
94 City: BUNNELL FL 95 Zip Code: 32110

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: GEORGE R. LEES (X) DATE (X)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	LEES, GEORGE	1.2 NAME	
STREET ADDRESS	23 CEDARFIELD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: GEORGE R. LEES (X) 4-26-95 (X) (904) 437-4162
SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

George R. Lees

0400884 FP