

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 592611 (8)

1. Corporation Name

G.E. LEE ENTERPRISES, INC.



Principal Place of Business

4211 49TH STREET NORTH
ST. PETERSBURG FL 33709

Mailing Address

P. O. BOX 11297
ST. PETERSBURG FL 33733

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

LEE, GORDON E
1800 49TH ST N
ST PETERSBURG FL 33710

3. Date Incorporated or Qualified
11/07/1978

3a. Date of Last Report
04/21/1995

4. FET Number
59-1913313

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.13(4)(b), 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, Sections 607.05(6), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD LEE, GORDON
1800 49TH ST N
ST PETERSBURG FL
ST

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

LEE, PATRICIA A.
1800 49TH ST N
ST. PETERSBURG FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-STATE-ZIP

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115 TITLE 116 NAME 117 STREET ADDRESS 118 CITY-STATE-ZIP

119 TITLE 120 NAME 121 STREET ADDRESS 122 CITY-STATE-ZIP

123 TITLE 124 NAME 125 STREET ADDRESS 126 CITY-STATE-ZIP

127 TITLE 128 NAME 129 STREET ADDRESS 130 CITY-STATE-ZIP

14. I do hereby certify that the information supplied herein is true and voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 officer 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:

Patricia A. Lee PATRICIA A. LEE

3-24-96 813-321-4473

CR2E034 (12/95)