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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

208627

(0)

T.G. LEE FARMS, INC.

	FILE	D
Jan 21	1998	8:00am
Secre	etary o	of State

Principal Pla	ace of Business	Mailing Address							
		•							
7050 AUGUSTA NATIONAL DRIVE P. O. BOX 620365		7050 AUGUSTA NATIONAL DRIVE P. O. BOX 620365							
ORLANDO FL 32862 ORLANDO FL 32862					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			
6 Cine and	State of Business	La Maille Adda		-		12/28/1957			
	Place of Business	2a. Mailing Address				4. FEI Number		 -	Applied For
Suite, Ap	of # etc	Suite, Apt. #, etc.				59-0825484			Not Applicable Additional
22	7. W. G.W.	27				5. Certificate of Status Desired	×		Required
City & St	ate	City & State	,			6. Election Campaign Financing	-		0 May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has pa	id the curr	ent year l	ntangible
24	25	29	30			Personal Property Tax due June			No No
	Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered A	gent	
1	DENYER, RAYMOND G.			81	Name				1
7	7050 AUGUSTA NATIONAL DRIVE			82 5	Street Addr	ess (P.O. Box Number is Not Acceptab	ie)	-	
(Orlando FL 32822		İ	-					
				83					ŧ
			j	84 (City			85 Zip	Code
dd Distance	1 to the particles of Speties 507 0500	and 607 1500 Fadda Statut	10- 10- 01			and a submite this statement for the s	FL		lta rapiatora
office or	nt to the provisions of Sections 607,0502 r registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida, Such change was	authorized	d by th	ne corporati	ion's board of directors. I hereby accep	of the appo	changing bintment a	s registered
agent. I	am familiar with, and accept the obligat	ions of, Section 607.0505, Fi	orida Stat	utes.					ļ
SIGNATURE	Signature, typed or printed name of registered agent	and title if conflicable (NOT	TÉ Booletores	l Agent s	ionativa regula	ed when reinstating)	DATE		
12.	OFFICERS AND		13.	7 Ago: N 3	aiginator o rodone	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE									
	V	DELETE	1,1 7/1	LE		1,0011101101011111111111111111111111111		Change	Addition
NAME	V LEE,II, THOMAS G		1,1 T/I 1.2 NA		i	7,5511,010,01111111111111111111111111111			
NAME STREET ADORESS	LEE,II, THOMAS G		1.2 NA		Dress	7,551116116161777			
	LEE,II, THOMAS G		1.2 NA 1.3 ST	ME		7,55111611676777741625767716			
STREET ADORESS	LEE,II, THOMAS G 7050 AUGUSTA NAT'L DR		1.2 NA 1.3 ST	.ME REET ADI IY-ST-Z		7,55,116,16,6,7,7,116			
STREET ADORESS CITY-ST-ZIP	LEE,II, THOMAS G 7050 AUGUSTA NAT'L DR ORLANDO FL	☐ DELETE	1.2 NA 1.3 ST 1.4 CD	.ME REET ADI TY-ST-Z LE		7,551116116767777110		Change	Addition
STREET ADORESS CATY-ST-ZAP TITLE	LEE,II, THOMAS G 7050 AUGUSTA NAT'L DR ORLANDO FL PD LEE,RICHARD T	☐ DELETE	1.2 NA 1.3 ST 1.4 CR 2.1 TR 2.2 NA	.ME REET ADI TY-ST-Z LE	(IP	7,551116116767777110		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEE,II, THOMAS G 7050 AUGUSTA NAT'L DR ORLANDO FL PD LEE,RICHARD T 7050 AUGUSTA NAT'L DR ORLANDO FL	☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	ME REET ADI TY-ST-Z LE ME REET ADI TY-ST-Z	DRESS	7,5511616767777		Change Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LEE,II, THOMAS G 7050 AUGUSTA NAT'L DR ORLANDO FL PD LEE,RICHARD T 7050 AUGUSTA NAT'L DR ORLANDO FL V	☐ DELETE	1.2 NA 1.3 ST 1.4 CD 2.1 TO 2.2 NA 2.3 ST	ME REET ADI TY-ST-Z LE ME REET ADI TY-ST-Z	DRESS	7,55116167677777		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEE,II, THOMAS G 7050 AUGUSTA NAT'L DR ORLANDO FL PD LEE,RICHARD T 7050 AUGUSTA NAT'L DR ORLANDO FL V LEE, ELIZABETH M.	☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	ME REET ADI TY-ST-Z LE ME REET ADI TY-ST-Z	DRESS	7,00110110101010101010101010101010101010		Change Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LEE,II, THOMAS G 7050 AUGUSTA NAT'L DR ORLANDO FL PD LEE,RICHARD T 7050 AUGUSTA NAT'L DR ORLANDO FL V LEE, ELIZABETH M. 7050 AUGUSTA NAT'L DR	☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA	ME REET ADI TY-ST-Z LE ME REET ADI TY-ST-Z	DRESS ZIP	7,551161167677777		Change Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	LEE,II, THOMAS G 7050 AUGUSTA NAT'L DR ORLANDO FL PD LEE,RICHARD T 7050 AUGUSTA NAT'L DR ORLANDO FL V LEE, ELIZABETH M. 7050 AUGUSTA NAT'L DR ORLANDO FL VTS LEE, KATHLEEN S 7050 AUGUSTA NAT'L DR ORLANDO FL VTS LEE, KATHLEEN S 7050 AUGUSTA NAT'L DR ORLANDO FL VD BARROW, LORRAYNE L.	DELETE DELETE	1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 4.4 CIT 4.2 NV 4.3 ST 4.4 CIT 5.1 TIT 5.2 NA	ME REET ADI Y-ST-Z LE ME REET ADI Y-ST-Z LE ME ME REET ADI Y-ST-Z LE	DRESS ZIP DRESS ZIP DRESS			Change Change Change	Addition Addition Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or oxpolemental amittal 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 of 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, oxfor an adartment with an address.

SIGNATURE

ORLANDO FL

EUPE REQUETChard T Lee 1-5-98 407-857-283