

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 337038

1. Corporation Name
ED LEE, INC.

Principal Place of Business
**5509 EAST BROADWAY
TAMPA FL 33619**

Mailing Address
**5509 EAST BROADWAY
TAMPA FL 33619**

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90048 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1968

4. FEI Number
59-1222589

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEE, RUTH E.
5108 ST. CHARLES PLACE
TAMPA FL 33610**

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE

NAME **LEE, RUTH**
STREET ADDRESS **5108 ST CHARLES PL**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **PD** ☐ DELETE

NAME **ZIMMERMAN, SUSAN R**
STREET ADDRESS **6606 TRAVIS BLVD**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **VP** ☐ DELETE

NAME **ZIMMERMAN, GEORGE L.**
STREET ADDRESS **6606 TRAVIS BLVD.**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.04(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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99 (813) 6266121

CR2E034 (1/98)