

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

**FILED**  
**Jun 09, 1999 8:00 am**  
**Secretary of State**

06-09-1999 90010 020 \*\*\*550.00

0550558

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 404719**

1. Corporation Name  
**LEE HUTS, INC.**



Principal Place of Business  
**9111 E. DOUGLAS AVE.  
 P. O. BOX 428  
 WICHITA KS 67201**

Mailing Address  
**ATTN: LAW DEPT  
 PO BOX 783186  
 WICHITA KS 67278-3186  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 14841 Dallas Parkway**  
 Suite, Apt. #, etc.  
**22**

2a. Mailing Address  
**26 14841 Dallas Parkway**  
 Suite, Apt. #, etc.  
**27**

City & State  
**23 Dallas, Texas**

City & State  
**28 Dallas, Texas**

Zip Country  
**24 75240-2100 25 US**

Zip Country  
**29 75240-2100 30 US**

3. Date Incorporated or Qualified  
**07/11/1972**

4. FEI Number  
**59-1462200**

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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	ROLL, TERESA J.	
STREET ADDRESS	9111 E. DOUGLAS AVE.	
CITY-ST-ZIP	WICHITA KS	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	COLE, BRIAN H	
STREET ADDRESS	9111 E. DOUGLAS AVE.	
CITY-ST-ZIP	WICHITA KS	
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		
11 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Brian H. Cole	
13 STREET ADDRESS	14841 Dallas Parkway	
14 CITY-ST-ZIP	Dallas, Texas 75240-2100	
21 TITLE	Vice President/Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Melanie K. Morgan	
23 STREET ADDRESS	14841 Dallas Parkway	
24 CITY-ST-ZIP	Dallas, Texas 75240-2100	
31 TITLE	Vice President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Ida W. Horn	
33 STREET ADDRESS	14841 Dallas Parkway	
34 CITY-ST-ZIP	Dallas, Texas 75240-2100	
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: Brian H. Cole Date: 6/1/99 972/338-7879 Daytime Phone #

CR2E034 (11/98)