

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 497845 (8)

1. Corporation Name

LEE'S TRAILER SERVICE, INC.



Principal Place of Business

Mailing Address

9159 S.W. 77TH AVENUE, #305  
P.O. BOX 381  
MIAMI FL 33156-7665

9159 S.W. 77TH AVENUE, #305  
P.O. BOX 381  
MIAMI FL 33156-7665

3. Date Incorporated or Qualified  
03/02/1976

3a. Date of Last Report  
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1655614

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANDLEY, PATRICIA L.  
9159 S.W. 77TH AVENUE, UNIT #305  
MIAMI FL 33156

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 the fee accepted.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HANDLEY, PATRICIA L.	
STREET ADDRESS	9159 S.W. 77TH AVE., UNIT 305	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HANDLEY, MARTIN L.	
STREET ADDRESS	9159 SW 77TH AVE, #305	
CITY-STATE-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HANDLEY, HARRY B.	
STREET ADDRESS	10765 SW 108TH AVE, #1	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patricia L. Handley	
1.3 STREET ADDRESS	9159 S.W. 77th Avenue # 305	
1.4 CITY-STATE-ZIP	Miami, Florida 33156	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTIN L. HANDLEY	
2.3 STREET ADDRESS	9159 S.W. 77th Avenue # 305	
2.4 CITY-STATE-ZIP	Miami, Florida 33156	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Patricia L. Handley	
3.3 STREET ADDRESS	9159 S.W. 77th Avenue # 305	
3.4 CITY-STATE-ZIP	Miami, Florida 33156	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(k), 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: *Patricia L. Handley*

PATRICIA L. HANDLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/96 305-274-3353

CR2E034 (12/95)