

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90086 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 500165

1. Corporation Name

LEE-HOWARD ENTERPRISES, INC.

Principal Place of Business

430 LAURA LANE
P O BOX 659
MT DORA FL 32756
US

Mailing Address

PO BOX 915
P O BOX 659
MT DORA FL 32756
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1976

4. FEI Number

59-1656482

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

21 **21815 King John St.**

Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 915**

Suite, Apt. #, etc.

City & State

23 **Leesburg, FL**

Zip

24 **34748**

Country

25 **LAKE**

City & State

28 **MT. Dora, FL**

Zip

29 **32756**

Country

30 **LAKE**

9. Name and Address of Current Registered Agent

SEMENTO, LAWRENCE J.
531 NORTH BAY STREET
EUSTIS FL 32726

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

Kath Goulet
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULET, ANNIE MAE	1.2 NAME	
STREET ADDRESS	430 LAURA LANE	1.3 STREET ADDRESS	21815 King John Street
CITY-ST-ZIP	MT DORA, FL 00000	1.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULET, ANNIE MAE	2.2 NAME	
STREET ADDRESS	430 LAURA LANE	2.3 STREET ADDRESS	21815 King John Street
CITY-ST-ZIP	MT DORA, FL 00000	2.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULET, KEITH H	3.2 NAME	
STREET ADDRESS	430 LAURA LANE	3.3 STREET ADDRESS	21815 King John St.
CITY-ST-ZIP	MT DORA, FL 00000	3.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Kath Goulet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99
Date

352-314-0529
Daytime Phone #

CR2E034 (11/98)