

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 # 627604 (2)

1. Corporation Name

LEE-MAC OF ORANGE PARK MALL, INC.



Principal Place of Business

Mailing Address

MCDONALDS OF ORANGE PARK
302 COLLEGE DR
ORANGE PARK FL 32065
US

C/O DAVID A. KING, ATTORNEY
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073

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

9. Name and Address of Current Registered Agent

KING, DAVID A.
ATTORNEY AT LAW
1416 KINGSLEY AVENUE
ORANGE PARK 32073

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/27/1979

3a. Date of Last Report

02/22/1995

4. FLE Number

59-1915585

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and the filer, as applicable

(NOTE: Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME

PTD
KING, KAREN
342 FLEMING DRIVE
GREEN COVE SPGS. FL

CITY- ST- ZIP

TITLE
NAME

~~PTD
KING, KAREN
342 FLEMING DRIVE
GREEN COVE SPRINGS FL~~

CITY- ST- ZIP

TITLE
NAME

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D, P, S, T

☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY- ST- 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)(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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Lee King, President

3/25/96

Page One of One

CR2E034 (12/95)