

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 3:37

DOCUMENT # 668409 (6)

1. Corporation Name

LEE FEED & FUEL, INCORPORATED

Principal Place of Business

**U.S. HWY 90 WEST
P.O. BOX 9427
LEE FL 32059**

Mailing Address

**U.S. HWY 90 WEST
P.O. BOX 9427
LEE FL 32059**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/30/1980

3a. Date of Last Report

04/01/1994

4. FEI Number

59-2077871

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

9. Name and Address of Current Registered Agent

**BROWNING, JR., EDWIN B.
901 W. BASE STREET
MADISON FL 32340**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PO

HENDERSON, ALVIN

RT 1 BOX 2400

LEE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

SHERARD, JOE

P.O. BOX 582 N/A

MADISON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD

BRADFIELD, DON

RT 1 BOX 139

LEE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

HUNTER, JACK

RT 2 BOX 280

GREENVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

AGNER, WILLIE

RT1 BOX 2590

LEE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

Alvin Henderson

Alvin Henderson

2-22-95

904-971-5338