

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90097 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F20577

1. Corporation Name
LEE ENTERPRISES OF PENSACOLA, INC.

Principal Place of Business
**1421 N. PACE BLVD.
PENSACOLA FL 32505**

Mailing Address
**1421 N. PACE BLVD.
PENSACOLA FL 32505**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/28/1981

2. Principal Place of Business	2a. Mailing Address
21 3345 MARCUS POINTE BLVD.	26 3345 MARCUS POINTE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 PENSACOLA FL	27 PENSACOLA FL
City & State	City & State
23 32505	28 PENSACOLA FL
Zip	Zip
Country	Country
24 Escambia Co 25 USA	29 32505 30 Escambia - USA

4. FEI Number
59-2061274

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

10. Name and Address of New Registered Agent

**LEE, THOMAS L.
3345 MARCUS POINTE BLVD
PENSACOLA FL 32505-1898**

81 Name	Milda A. Lee
82 Street Address (P.O. Box Number is Not Acceptable)	3345 MARCUS POINTE BLVD.
83	
84 City	PENSACOLA
85 Zip Code	FL 32505

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

Milda A. Lee
Signature, typed or printed name of registered agent and title if applicable.

President
(NOTE: Registered Agent signature required when reinstating)

3-8-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, MILD A.		1.2 NAME	Milda A. Lee	
STREET ADDRESS	3345 MARCUS POINTE BLVD		1.3 STREET ADDRESS	3345 MARCUS POINTE BLVD.	
CITY-ST-ZIP	PENSACOLA FL 32505-1898		1.4 CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	DP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, THOMAS L.		2.2 NAME		
STREET ADDRESS	3345 MARCUS POINTE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32505-1898		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
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: *Milda A. Lee* **REQUIRED** *3-8-99* **850-473-0843**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)