

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90019 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F60482

1. Corporation Name
ZONA LEE LAW, INC.

Principal Place of Business 3812 PERDEW DRIVE LAND O'LAKES FL 34639 US	Mailing Address 3812 PERDEW DRIVE LAND O'LAKES FL 34639 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1982	
21		26		4. FEI Number 59-0636013	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent DOLCIMASCOLO, SAMUEL B 501 EAST KENNEDY BLVD. TAMPA FL 33602		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	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

Nelen P. Ferrell
 Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FERRELL, H PAULINE	1.2 NAME	
STREET ADDRESS	31116 Darby Rd	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	1.4 CITY-ST-ZIP	
TITLE	DVT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAW, CURTIS L.	2.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 106 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAD O'LAKES FL	2.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAW, ZONA LEE	3.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 101 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAD O'LAKES FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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:

Curtis L. Law
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR)

Date 4/7/99

Daytime Phone # 588-5131

CR2E034 (11/98)