

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

APPROVED
AND
FILED

95 MAY -1 PM 3: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F90422 (9)

1. Corporation Name

LECATES-HIGGS ENTERPRISES, INC.

Principal Place of Business

**1715 NOVA RD
HOLLYHILL FL 32117**

Mailing Address

**1715 NOVA RD
HOLLYHILL FL 32117**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/13/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2222552

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

Country

25

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LECATES, COURTLAND
1715 NOVA ROAD
HOLLY HILL FL 32017**

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

Courtlend L. Licates

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

4/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	LECATES, COURTLAND
STREET ADDRESS	340 RODEO ROAD
CITY - ST - ZIP	ORMOND BCH. FL
TITLE	V
NAME	HIGGS, JAMES
STREET ADDRESS	271 RODEO ROAD
CITY - ST - ZIP	ORMOND BCH. FL
TITLE	ST
NAME	LECATES, SUSAN
STREET ADDRESS	340 RODEO ROAD
CITY - ST - ZIP	ORMOND BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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:

Susan Licates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
Date

704-253-1660
Telephone Number