

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90054 044 \*\*\*158.75

DOCUMENT # G51613

1. Corporation Name

LEE'S COUNTRY PLUS, INC.

Principal Place of Business

5929 - 14TH ST., W.  
BRADENTON FL 34207  
US

Mailing Address

6920 18TH AVE E  
P. O. BOX 20124  
BRADENTON FL 34203-7124  
34204-0124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1983

4. FEI Number

59-2316908

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

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

LEE, MARGARET A.  
6920 18TH AVE E  
BRADENTON FL 34208

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP ☐ DELETE

NAME LEE, DUANE F.  
STREET ADDRESS 6920 18TH AVE E  
CITY-ST-ZIP BRADENTON FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DST ☐ DELETE

NAME LEE, MARGARET A.  
STREET ADDRESS 6920 18TH AVE E  
CITY-ST-ZIP BRADENTON FL

1.2 NAME ☐ Change ☐ Addition

TITLE DP ☐ DELETE

NAME LEE, ANTHONY C.  
STREET ADDRESS 3680 PAYNE RD  
CITY-ST-ZIP OMA, FL 00000 33865

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LEE, LINDA M.  
STREET ADDRESS 2211 E. ANNIE  
CITY-ST-ZIP TAMPA FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVS ☐ DELETE

NAME MCCONNELL, DEBORAH M.  
STREET ADDRESS 2633 FOREST LANE  
CITY-ST-ZIP SARASOTA FL 34231

2.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

4222 MIDLAND DR.  
SARASOTA FL 34231

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:

MARGARET A. LEE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)