SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(1)

LESTER ENTERPRISES, INC.

FILED

Oct 01 1998 8:00am

Secretary of State

Principal Plac	e of Business	Mailing Address		
,		-		
720 S.E. 9TH I		720 S.E. 9TH PL. Gainesville Fl 32601		
CAMESVILLE	L 32001	GAINESVILLE PL 32001		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				09/15/1983
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-2349806 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	le	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent
HOE	FT, JANET		81 Name	
	SW 78 TERR.		00 00 1 0	DO D 1
	NESVILLE FL 32608		82 Street A	ddress (P.O. Box Number is Not Acceptable)
ļ - , *	1201,522 (2 02000		83	
				· ·
1			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of sections 607.	0502 and 607.1508. Florida Statute	s the above-named co	reporation submits this statement for the purpose of changing its registered
I Office or	regist ere d agent, or both, in the S	itate of Florida. Such change was a	authorized by the corpo	ration's board of directors. I hereby accept the appointment as registered
1	am ta m iliar with, and accept the d	bligations of, section 607.0505, Fk	orida Statutes.	
SIGNATURE	Signature, typed or printed name of registered	Acent and title if applicable (NC	OTE: Registered Agent signature	required when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Change Addition
NAME	LESTER, RICHARD		1.2 NAME	Li Ollarige [Li Addition]
STREET ADDRESS	720 S.E. 9TH PL.		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601		1.4 CITY-ST-ZIP	
TITLE	V	DELETE	2.1 TITLE	
NAME	HOÉFT, EDWIN	[] DELETE	2.2 NAME	L_i Change L_i Addition
STREET ADDRESS	5404 S.W. 78TH TER.			
CITY-ST-ZIP	GAINESVILLE FL 32608		2.3 STREET ADDRESS	
TITLE	ST ST		2.4 CiTY-ST-ZIP 3.1 TITLE	
NAME	HOEFT, JANET	L DELETE		L_J Change L Addition
	5404 S.W. 78TH TER.		3.2 NAME	
STREET ADDRESS	GAINESVILLE FL 32608		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	GONTESTILLE PL 32000	·	3.4 CITY-ST-ZIP	
		L 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	
TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAME	Change Addition
CITY-ST-ZIP	alif. that the life of the lif	with the faction and an experience of the second	6.4 CITY-ST-ZIP	V. 440 0510V) 57: 1. 0.

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.