FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)LEE'S PLAZA, INC. Principal Place of Business Mailing Address 10754-70 AVE. N. 11578 TRADEWINDS BLVD

DO NOT WRITE IN THIS SPACE

Applied For

813-391-2065

Not Applicable

3. Date Incorporated or Qualified

01/01/1984 4. FEI Number

59-2365880

LARGO FL 34643

2a. Mailing Address

26

SEMINOLE FL 34642

SIGNATURE:

21

2. Principal Place of Business

| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5, Certificate of Status Desired Section Fee Required |
|--|-----------------------|---------------------|-----------------------|------------|--|
| 22 | 27 | | | | |
| City & State | 2 | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution □ Added to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 33773 3 | o] <u>\</u> | /ン_ | Personal Property Tax due June 30. Yes No |
| Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent |
| LEE, JAMES W | | | | Name | 9 |
| 11578 TRADE WINDS BLVD | | | 82 | Stree | at Address (P.O. Box Number is Not Acceptable) |
| LARGO FL 33773 | | | 83 | | |
| | | | 03 | | |
| <u> </u> | | | 84 | City | FL 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida 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 reinstailing) DATE | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. | HIC OIĞUG- | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | V | | | | Change Addition |
| NAME | LEE. CLIFTON M. JR. | | 1.1 TITLE 1.2 NAME | | • |
| STREET ADDRESS | 7590 PINE VALLY LANE | | | ADDRESS | |
| CITY-ST-ZIP | API MIALE EL | | 1.4 CITY - ST - ZIP | | |
| TITLE | P | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | LEE, JAMES W | | 2.2 NAME | | |
| STREET ADDRESS | 11578 TRADEWINDS BLVD | | 2.3 STREET | ADDRESS | |
| CITY-ST-ZIP | LARGO FL | | 2. 4 CITY - S | ST-ZIP | |
| TITLE | S DELETE | | 3.1 TITLE | | Change Addition |
| NAME | LEE, DIANNE L. | | 3.2 NAME | | |
| STREET ADDRESS | 9714 INDIAN KEY TRAIL | | 3.3 STREET ADDRESS | | |
| CiTY-ST-ZIP | SEMINOLE FL | | 3.4. CITY - 9 | ST-ZIP | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET | AODRESS | |
| CITY-ST-ZIP | | | 4.4 CITY - S | T-ZIP | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY - S | T-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 furstee 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. | | | | | |