

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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90025 004 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G80180**

1. Corporation Name  
**LEES DEVELOPMENT COMPANY, INC.**



Principal Place of Business <b>300 NORTH STATE ST. P.O. BOX 1747 PALM COAST FL 32035 US</b>	Mailing Address <b>P O BOX 159 P O BOX 159 BUNNELL FL 32110-747 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 700 South State St.</b>	2a. Mailing Address <b>26 Suite, Apt. #, etc.</b>
<b>22 Suite, Apt. #, etc.</b>	<b>27 Suite, Apt. #, etc.</b>
<b>23 Bunnell, FL</b>	<b>28 City &amp; State</b>
<b>24 32110</b> <b>25 US</b>	<b>29 Zip</b> <b>30 Country</b>

3. Date Incorporated or Qualified <b>01/17/1984</b>	
4. FEI Number <b>59-2359378</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEES, GEORGE R. 300 NORTH STATE STREET BUNNELL FL 32110</b>	
81 Name	<b>1</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>700 South State Street</b>
83	
84 City	<b>Bunnell</b>
85	<b>FL</b>
86 Zip Code	<b>32110</b>

10. Name and Address of New Registered Agent	
81 Name	<b>1</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>700 South State Street</b>
83	
84 City	<b>Bunnell</b>
85	<b>FL</b>
86 Zip Code	<b>32110</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEES, GEORGE	1.2 NAME	
STREET ADDRESS	23 CEDARFIELD CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32035	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: George R. Lees 4/5/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)