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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H08423

(6)

LEE COUNTY EXHAUST, INC.

FILED						
Apr 08 1998 8:00am						
Secretary of State						

Principal Place of Business		Mailing Address		a sancture Maist State source nearen eranne sittl die	ili kiali alau alau alau alau disi ilau	
4210 FOWLER STREET SUFTE 13 FT. MYERS FL 33901		4210 FOWLER STREET SUITE 13 FT. MYERS FL 33901		DO NOT WRITE IN THIS SPACE		
		11. W/E/10 1 E 00001			3. Date Incorporated or Qualified	
				•	06/19/1984	
2. Principal P	2a, Mailing Address			4. FEI Number	Applied For	
21		26	6		59-2421845	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	7			Fee Required
City & State	e 	City & State		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Countr 30	У	<ol> <li>This corporation owes or has paid to Personal Property Tax due June 30.</li> </ol>	<b></b> · ·
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regis	tered Agent
80	YKI, JOHN F. JR.		81	Name		
4210 FOWLER STREET			83	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 13 FT. MYERS FL 33901			83	<del> </del>		
FI. MIERO FL 33901			L		,	
<u>, .</u>			84	City		FL 85 Zip Code
office or r	to the provisions of Sections 607,051 registered agent, or both, in the State im familiar with, and accept the oblig Signature, lysed or printed here of registered agents.	of Florida. Such change was a lations of, Section 607.0505, Flo	uthorized b orida Statute	by the corporates.	rporation submits this statement for the purpation's board of directors. I hereby accept the directors are submitted when reinstating)	DATE
12.	12. OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE			Change Addition
NAME	BOYKI, JOHN F. JR.		1,2 NAME			
STREET ADDRESS	2219 LOTUS RD S.E.		1.3 STREE	T ADDRESS		
CITY-ST-ZIP			1.4 CfTY-	ST - ZIP		
TITLE		DELETE	2.1 TITLE	1		Change Addition
NAME		2.21				
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP		POLETE	2. 4 CITY	-ST-ZIP		I Channe I addition
TITLE			3.1 TITLE 3.2 NAME		<b>N</b>	Change Addition
NAME						,
STREET ADORESS				T ADDRESS		,
CITY-ST-ZIP			3.4. CITY	-SI-ZIP		Change Addition
NAME		- Decem	4. 2 NAM	.		Country C Registers
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	1 11		4.3 STREE			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME	}		5.2 NAME			

14. Thereby 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 of 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 artistachment with an address

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

**6.1 TITLE** 

6.2 NAME

DELETE

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4/3/98

941-939-4548

Change Addition