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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H18657 (7)
1. Corporation Name:
LEE RENTS, INC.

Principal Place of Business: **3320 S. ORANGE AVE.
ORLANDO FL 32806**
Mailing Address: **3320 S. ORANGE AVE.
ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **08/20/1984** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2447544** 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 has liability for information tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Incorporation: 2a. Mailing Address:
21. State: Apt. # etc. 26. State: Apt. # etc.
22. City & State: 27. City & State:
23. City & State: 28. City & State:
24. Zip: Country: 29. Zip: Country: 30.

9. Name and Address of Current Registered Agent

**WHEELER, ROBERT LEE
3320 S. ORANGE AVE.
ORLANDO FL 32806**

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 607.0102 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 607.0105, Florida Statutes.

SIGNATURE:

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

DATE:

12. OFFICERS AND DIRECTORS

1. NAME	2. TITLE
3. NAME	4. TITLE
5. NAME	6. TITLE
7. NAME	8. TITLE
9. NAME	10. TITLE
11. NAME	12. TITLE
13. NAME	14. TITLE
15. NAME	16. TITLE
17. NAME	18. TITLE
19. NAME	20. TITLE
21. NAME	22. TITLE
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89. NAME	90. TITLE
91. NAME	92. TITLE
93. NAME	94. TITLE
95. NAME	96. TITLE
97. NAME	98. TITLE
99. NAME	100. TITLE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	2. TITLE	3. Change	4. Addition
5. NAME	6. TITLE	7. Change	8. Addition
9. NAME	10. TITLE	11. Change	12. Addition
13. NAME	14. TITLE	15. Change	16. Addition
17. NAME	18. TITLE	19. Change	20. Addition
21. NAME	22. TITLE	23. Change	24. Addition
25. NAME	26. TITLE	27. Change	28. Addition
29. NAME	30. TITLE	31. Change	32. Addition
33. NAME	34. TITLE	35. Change	36. Addition
37. NAME	38. TITLE	39. Change	40. Addition
41. NAME	42. TITLE	43. Change	44. Addition
45. NAME	46. TITLE	47. Change	48. Addition
49. NAME	50. TITLE	51. Change	52. Addition
53. NAME	54. TITLE	55. Change	56. Addition
57. NAME	58. TITLE	59. Change	60. Addition
61. NAME	62. TITLE	63. Change	64. Addition
65. NAME	66. TITLE	67. Change	68. Addition
69. NAME	70. TITLE	71. Change	72. Addition
73. NAME	74. TITLE	75. Change	76. Addition
77. NAME	78. TITLE	79. Change	80. Addition
81. NAME	82. TITLE	83. Change	84. Addition
85. NAME	86. TITLE	87. Change	88. Addition
89. NAME	90. TITLE	91. Change	92. Addition
93. NAME	94. TITLE	95. Change	96. Addition
97. NAME	98. TITLE	99. Change	100. Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included 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 and that the person or persons responsible for making this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 11, changed, or an amendment with an address.

SIGNATURE: *Rosanne M. Camp*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 407-848-9910