

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90058 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J01221

1. Corporation Name  
G. LEE L. INC.

Principal Place of Business  
% GARY L. LOVETTE  
426 HWY 98 W.  
APALACHICOLA FL 32320

Mailing Address  
G LEE L INC  
P.O. BOX 866  
APALACHICOLA FL 32329  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1986

4. FEI Number

59-2656023

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

LOVETTE, GARY L.  
426 HWY 98 W.  
APALACHICOLA FL 32320

10. Name and Address of New Registered Agent

81 Name Robert SAKER  
82 Street Address (P.O. Box Number is Not Acceptable)  
426 Hwy 98 W.  
83  
84 City Apalachicola FL 85 Zip Code 32320

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

Robert Saker

(Robert Saker, President)

4/27/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SAKER, ROBERT  
STREET ADDRESS P.O. BOX 866, N/A; HIGHWAY 98 W.  
CITY-ST-ZIP APALACHICOLA FL

TITLE ☒ DELETE

NAME LOVETTE, GARY L.  
STREET ADDRESS HIGHWAY 98 W., P.O. BOX 866 N/A  
CITY-ST-ZIP APALACHICOLA FL

TITLE ☐ DELETE

NAME SAKER, ROBERT  
STREET ADDRESS P.O. BOX 866, N/A; HIGHWAY 98 W.  
CITY-ST-ZIP APALACHICOLA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S  
SAKER, Lucille A.  
426 Hwy 98 W.  
APALACHICOLA, FL 32320

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:

Robert Saker

Robert Saker

4/27/99

(850)653-9410

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)