SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 18 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # J19771 (1) LEE AND ANDERSON, INC. Principal Place of Business Mailino Address 810 N. ORLANDO AVENUE 810 N. ORLANDO AVENUE WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a, Date of Last Report 06/16/1986 02/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2682239 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. **I** Yes 30 24 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JOHNSON, AMBER J 81 Name 1270 ORANGE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE A WINTER PARK FL 32789-4946 83 64 City Zip Code 85 11. Pursuant to the provisions of Soctions 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE ANDERSON, DWIGHT H 1.2 NAME NAME 810 NORTH ORLANDO AVENUE STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELETE Change TITLE 21 TITLE Addition ANDERSON, DORIS L. NAME 2.2 NAME **810 NORTH ORLANDO AVENUE** STREET ADDRESS 2.3 STREET ADDRESS WINTER PARK FL 32789 2. 4 CITY-\$1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE LEE, PAMELA NAME 810 NORTH ORLANDO AVE STREET ADDRESS 3.3 STREET ADDRESS WINTER PARK FL 32789 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition WATSON, JUDY 4 2 NAME NAME 810 NORTH ORLANDO AVE 4.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITUE 5.1 HHE LEE, ALAN NAME 5.2 NAME 810 NORTH ORLANDO AVE STREET ADDRESS 5.3 STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-S1-ZIP CITY-ST-ZIP

14. I do 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the dorporation 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 changed, or on an attachment with an address

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