

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # K46437

(5)

95 JUN 13 AM 10:38

1. Corporation Name

LEE COAST ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**% GARY F. MCNEAR
1517 SW 58TH ST
CAPE CORAL FL 33914**

**% GARY F. MCNEAR
1517 SW 58TH ST
CAPE CORAL FL 33914**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/16/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0085287

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**

7. This corporation has liability for intangible tax under s. 190.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCNEAR, GARY F.
1517 SW 58TH ST
CAPE CORAL FL 33914**

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 607.0502 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]

NOTE: Registered Agent signature required when reappointing.

DATE

6-5-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PTD
MCNEAR, GARY F.
1517 SW 58TH ST
CAPE CORAL FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**CD
FRAZIER, BENNIE W.
308 BAYSHORE DR.
CAPE CORAL FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
MCNEAR, SUSAN M.
1517 SW 58TH ST.
CAPE CORAL FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
FRAZIER, DEBORAH
308 BAYSHORE DR.
CAPE CORAL FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VPD
CONKLIN, CRAIG W
3688 SE 5TH CT
CAPE CORAL FL**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-95

DATE

941-768-1862

PHONE NUMBER

CR2E034 (3/95)