FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #
1. Corporation Name

K46437

(5)

LEE COAST ENTERPRISES, INC.

Principal Place of Business Mailing Address S GARY F. MCNEAR ST SW 58TH ST ST SW 58TH ST CAPE CORAL FL 33914 Mailing Address CAPE CORAL FL 33914						1 491 2 1211 4 11		
					 Date Incorporated or Qualified 11/16/1988 	3a. Dat 0	e of Last Re 6/12/199	aport 5
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 65-0085287	<u></u>		Applied For
21		26			05'0003207			Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	A		Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip 24	Country 25	Zip 29	30 Cou	ntry	This corporation has liability for in Florida Statutes	intangible t	ax under s	199.032,
<u></u>	9. Name and Address of Curre		.1		10. Name and Address of New R	egistered	Agent	
				81 Name				
MCNEAR, GARY F. 1517 SW 58TH ST				82 Street Addi	ress (P.O. Box Number is Not Acceptab	le)		
	ORAL FL 33914			83				
				84 City		FI	85 Zip	p Code
or register familiar wit SIGNATURE	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sei Signature, typed or printed name of registered age	rida. Such change was authorize ction 607.0505, Florida Statutes	ed by the o	ve-named corpor corporation's boa	ration submits this statement for the pur ird of directors. I hereby accept the app ad when rensisting)	pose of chointment as	anging its resistered	egistered office agent. I am
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTO	IRS IN 12
TITLE	PTD	☐ DELETE	1.11	ITLE			☐ Change	Addition
NAME	MCNEAR, GARY F.		1.2 N	AME				
STREET ADDRESS	1517 SW 58TH ST		1.3 \$	TREET ADDRESS				
CHY+ST-ZIP	CAPE CORAL FL		1.4 C	ITY-ST-ZIP				
TITLE	CD PENNIE III	☐ DELETE	2 1 1	ITLE			☐ Change	☐ Addition
NAME	FRAZIER, BENNIE W.		2.2 N	AME				
STREET ADDRESS	308 BAYSHORE DR.		238	TREET ADDRESS				
0:1Y-S1-7:P	CAPE CORAL FL		2.4 C	ITY-ST-ZIP				
HILF	VP CUCANA	☐ DELETE	3. 1 7	ITLE			☐ Change	Addition
NAME	MCNEAR, SUSAN M.		3 2 N	AME				
STREET ADDRESS	1517 SW 58TH ST.		3.3 8	TREET ADDRESS				
CITY - ST - ZIP	CAPE CORAL FL			ITY-ST-ZIP				From A const
1FILE	VP DEPODAL	☐ DELÉTE	4.11	ŀ			Change	Addition
NAME	FRAZIER, DEBORAH		4.2 N	- 1				
STREET ADDRESS	308 BAYSHORE DR.		4.3 S	TREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL			HTY-ST-ZIP				
THILF	VPD CONVINCENCE W	☐ DELETE	5 1 7				Change	Addition
NAME	CONKLIN, CRAIG W		52 N					
STREET ADDRESS	3668 SE 5TH CT		538	TREET ADDRESS				
Crty - St - ZrP	CAPE CORAL FL			ITY - ST - ZIP				——————————————————————————————————————
TITLE		☐ DELETE	6.17				Change	☐ Addition
NAME			6.2 N					
STREET ADDRESS	(6.3 S	TREET ADDRESS				
CITY+ST-ZIP			6.4 0	ITY-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 119.07(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 eath; 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 12 or Block 12 or Block 12 or Block 13 or Block 14 or Block 15 or Block 15 or Block 15 or Block 16 or Block 17 or Block 18 or Block 19 or

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-24-95 Dale

941-278-4878