

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K46437 (5)
 1. Corporation Name
LEE COAST ENTERPRISES, INC.



Principal Place of Business % GARY F. MCNEAR 1517 SW 58TH ST CAPE CORAL FL 33914	Mailing Address % GARY F. MCNEAR 1517 SW 58TH ST CAPE CORAL FL 33914
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11451 WELLFLEET DR Suite, Apt. #, etc. 22 City & State 23 FORT MYERS, FL Zip Country 24 33908 25 USA		2a. Mailing Address 26 11451 WELLFLEET DR Suite, Apt. #, etc. 27 City & State 28 FORT MYERS, FL Zip Country 29 33908 30 USA		3. Date Incorporated or Qualified 11/16/1988	4. FEI Number 65-0085287	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MCNEAR, GARY F. 1517 SW 58TH ST CAPE CORAL FL 33914		10. Name and Address of New Registered Agent 81 Name GARY F. MCNEAR 82 Street Address (P.O. Box Number is Not Acceptable) 11451 WELLFLEET DR 83 84 City FORT MYERS FL 85 Zip Code 33908	
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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 **GARY F. MCNEAR** DATE **2-13-98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	MCNEAR, GARY F.	1.2 NAME	MCNEAR, GARY F.
STREET ADDRESS	1517 SW 58TH ST	1.3 STREET ADDRESS	11451 WELLFLEET DR.
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	CD	2.1 TITLE	
NAME	FRAZIER, BENNIE W.	2.2 NAME	
STREET ADDRESS	308 BAYSHORE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP
NAME	MCNEAR, SUSAN M.	3.2 NAME	MCNEAR, SUSAN M.
STREET ADDRESS	1517 SW 58TH ST.	3.3 STREET ADDRESS	11451 WELLFLEET DR.
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VP	4.1 TITLE	
NAME	FRAZIER, DEBORAH	4.2 NAME	
STREET ADDRESS	308 BAYSHORE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	VPD
NAME	CONKLIN, CRAIG W	5.2 NAME	CONKLIN, CRAIG W
STREET ADDRESS	3888 SE 5TH CT	5.3 STREET ADDRESS	6241 TIDEWATER Island Circle
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **GARY F. MCNEAR** PROS 2-13-98 278-4878

CR2E034 (10/97)