

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90076 006 ***150.00

DOCUMENT # K64600

1. Corporation Name

DON E. LESTER AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

4501 TAMiami TRAIL NORTH
SUITE 318
NAPLES FL 34103

4501 TAMiami TRAIL NORTH
SUITE 318
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1989

4. FEI Number

65-0113397

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

801 Laurel Oak Drive
Suite, Apt. #, etc.

801 Laurel Oak Drive
Suite, Apt. #, etc.

22 Suite 400

27 Suite 400

City & State

City & State

23 Naples, Florida Collier

28 Naples, Florida Collier

Zip

Country

Zip

Country

24 34108

25

USA

29 34108

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESTER, DON E

4501 TAMiami TRAIL N., #318
NAPLES FL 34103

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

810 Laurel Oak Drive, Suite 400

83 Naples, Florida

34108

84 City

Naples

FL

85 Zip Code
34108

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

Don E. Lester

4/30/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME LESTER, DEAN C

STREET ADDRESS 526 LAKE MARGARET DRIVE, #1101

CITY-ST-ZIP ORLANDO FL 32612

TITLE ST ☐ DELETE

NAME LESTER, SUZANNE F

STREET ADDRESS 6400 16TH AVENUE NW

CITY-ST-ZIP NAPLES FL 34119

TITLE V ☐ DELETE

NAME WICKLIFFE, CHARLES D

STREET ADDRESS 27056 JARVIS ROAD

CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE P ☐ DELETE

NAME LESTER, DON E

STREET ADDRESS 4501 TAMiami TRAIL N., #318

CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

9927 Kona Isle Ct.

1.4 CITY-ST-ZIP

Orlando, FL 32817

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

801 Laurel Oak Drive, Suite 400

Naples, FL 32108

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

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:

Don E. Lester

4/30/99

941 593-6000

CR2E034 (11/98)