## 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

K64915

(7)

**DOCUMENT #** 

F.L. LEMAY COMPANY

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| Principal Place o                          | of Business  | Mailing Address                       |                        |                       |   |                        |                                |             |  |
|--|--|---------------------------------------|------------------------|-----------------------|---|------------------------|--------------------------------|-------------|--|
| 5807 QUEEN STREET<br>ORLANDO FL 32839      |  | 5807 QUEEN STREET<br>ORLANDO FL 32839 |                        |                       |   |                        |                                |             |  |
|  |  |                                       |                        |                       | 3. Date Incorporated or Qualified 02/10/1989  | 3a. Date of La<br>05/0 | st Report<br>1/1995            |             |  |
| 2. Principal Plac                          | ce of Business   | 2a. Mading Address                    |                        |                       | 4. FEI Number   |                        |                                | ed For      |  |
| 21   |  | 26                                    |                        |                       | 59-2934770  |                        |                                | Applicable  |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 |  |                                       |                        |                       | 5. Certificate of Status Desired S8.75 Addition Fee Required  |                        |                                |             |  |
| City & State                               |  | City & State                          | City & State           |                       | Election Campaign Financing     Trust Fund Contribution   | <u></u>                | \$5.00 May Be<br>Added to Fees |             |  |
| Zip 24                                     | Zip Country Zip  |                                       | p Country<br>30        |                       | This corporation has liability for intangible tax under s 199.032, Florida Statutes   |                        |                                |             |  |
| 1  | 9. Name and Address of Current                                   | Registered Agent                      |                        |                       | 10. Name and Address of New R   | egistered Agen         | t                              |             |  |
|  |  |                                       | 81                     | Name                  |   |                        |                                |             |  |
|  | , FRANCIS LOUIS  |                                       | 82                     | Street Add            | ress (P.O. Box Number is Not Acceptab   | ole)                   |                                |             |  |
| 5807 QUEEN ST<br>Orlando Fl 32839          |  |                                       | 83                     |                       |   |                        |                                |             |  |
|  |  |                                       | 84                     | City                  |   | Fi 85                  | Zip Co                         | ode         |  |
|  | Squarue Typed or printed name of registered as it.  OFFICERS AND |                                       | NOTE Bugistere (Age)   | it signations require | ad white increasing ADDITIONS/CHANGES TO OFF  | DATE                   | ECTORS                         | IN 12       |  |
| 12.  | DP OFFICERS AINL   | DELETE                                | 1 1 TITLE              |                       | 7,00110100110102010   | ☐ Ch                   |                                | Addit-on    |  |
| NAMÉ                                       | LEMAY, FRANCIS L.  | <u></u>                               | 1.2 NAME               |                       |   |                        |                                |             |  |
| STREET ADDRESS                             | 5807 QUEEN ST  |                                       | 13 STREET              | ADDRESS               |   |                        |                                |             |  |
| CITY-ST-ZIP                                | ORLANDO FL   |                                       | 14 CITY - S            | S1-7P                 |   |                        |                                |             |  |
| THILE                                      | DV   | ☐ DELETE                              | 2 1 TITLE              |                       |   | Cr                     | ange [                         | Addition    |  |
| NAME                                       | LEMAY, BRIAN P   |                                       | 2 2 NAME               |                       |   |                        |                                |             |  |
| STREET ADDRESS                             | 2137 MAJESTIC WOODS B  | LVD                                   | 2 3 STREE              | LADDRESS              |   |                        |                                |             |  |
| CITY - ST - ZIP                            | APOPKA FL  | DELETE                                | 2.4 CiTY-5             | ST - ZIP              |   | r Cr                   | iange [                        | Addition    |  |
| TITLE                                      | DST  |                                       | 3 1 TITUE<br>3 2 NAME  |                       |   |                        |                                |             |  |
| NAME<br>OTDECT ADDOSES                     | LEMAY, BARBARA E.<br>5807 QUEEN ST                               |                                       | 1                      | T ADDRESS             |   |                        |                                |             |  |
| STREET ADDRESS<br>CITY+ST-ZIP              | ORLANDO FL   |                                       | 3.4 C(T) -             |                       |   |                        |                                |             |  |
| THLE                                       | DV   | DELETE                                | 4 1 TITLE              |                       |   |                        | iange [                        | Addition    |  |
| NAME                                       | LEMAY, MARY M  |                                       | 4.2 NAME               |                       |   |                        |                                |             |  |
| STREET ADDRESS                             | 37 PARKWOOD PL   |                                       | 4 3 STHEE              | T ADDRESS             |   |                        |                                |             |  |
| CITY - ST - ZIP                            | ORLANDO FL   | FD DELECT                             | 4.4 CHY -              |                       |   | ПС                     | nanne f                        | Addition    |  |
| TITLE                                      |  | ☐ DELETE                              | 5 1 TITLE              |                       |   |                        | and the F                      |             |  |
| NAME                                       |  |                                       | 5 2 NAME               |                       |   |                        |                                |             |  |
| STREET ADDRESS                             |  |                                       | 5 3 STREE<br>5 4 CHY - | L ADDRESS             |   |                        |                                |             |  |
| CITY-ST-ZIP<br>TITLE                       |  | DECETE                                | 6 1 TITLE              |                       |   |                        | nange [                        | Addition    |  |
| NAME                                       |  |                                       | 6.2 NAME               |                       |   |                        |                                |             |  |
| STREET ADDRESS                             |  |                                       | •                      | 1 ADDRESS             |   |                        |                                |             |  |
| CITY-ST-ZP                                 |  |                                       | 64 CITY -              | ST-ZIP                |   |                        |                                |             |  |
| 1 On 1 Or 11                               |  |                                       |                        |                       | A DESCRIPTION OF THE PROPERTY | DOMESTIC PROCESS       | Ctotutor.                      | I forethore |  |

11. 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 cart; that I am an officer or director of the corpora ion or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ananged, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR