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Mar 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K64915

(7)

1. Corporation Name

F.L. LEMAY COMPANY

Principal Place of Business

5807 QUEEN STREET  
ORLANDO FL 32839

Mailing Address

5807 QUEEN STREET  
ORLANDO FL 32839-4155

3. Date Incorporated or Qualified

02/10/1989

3a. Date of Last Report

04/10/1996

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

LEMAY, FRANCIS LOUIS  
5807 QUEEN ST  
ORLANDO FL 32839

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, 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 ☐ DELETE

NAME  
DP  
LEMAY, FRANCIS L.  
STREET ADDRESS  
5807 QUEEN ST  
CITY-ST-ZIP  
ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
DV  
LEMAY, BRIAN P.  
STREET ADDRESS  
2137 MAJESTIC WOODS BLVD  
CITY-ST-ZIP  
APOPKA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
DST  
LEMAY, BARBARA E.  
STREET ADDRESS  
5807 QUEEN ST  
CITY-ST-ZIP  
ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
DV  
LEMAY, MARY M  
STREET ADDRESS  
37 PARKWOOD PL  
CITY-ST-ZIP  
ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97

(407) 855-2831

Date

Daytime Phone

CR2E034 (9/96)