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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # LEE'S AUTO SERVICE, INC.

(5)

FILED May 14 1997 8:00am Secretary of State



5400 KEN ROAD 5400 KEN ROAD		WHERBERT L. TATHAM	14-1022		
				3. Date Incorporated or Qualified 07/28/1989	3a. Date of Last Report 02/29/1996
2. Principal I	Place of Business	2a. Mailing Address 26	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-2972015	Applied For Not Applicable
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ile	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	26 Zip	Country	8. This corporation has liability for	
24	9. Name and Address of Cur	29 rent Registered Agent	<u> 30 </u>	Florida Statutes 10. Name and Address of New Re	Yes No
5	ATHAM, HERBERT L 400 KEN ROAD ACKSONVILLE FL 32244		83	ress (P.O. Box Number is Not Acceptal	
11, Pursuant	t to the provisions of Sections 607.	0502 and 607.1508. Florida Statu	84 City	poration submits this statement for the	FL 85 Zip Code
agent. 1 SIGNATURE	am familiar with, and accept the of Signature, typed or penied name of registered	digations of, Section 607.0505, Fl	lorida Statutes.	tion's board of directors. I hereby accelered when rensisting: ADDITIONS/CHANGES TO OFFICE	DATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TATHAM, HERBERT L] DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 2. 4 C(TY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETÉ	4.1 Title 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	6 1 11LF 62 NAME 6.3 STREET ADDRESS 6.4 CHY+S1-7P		Change Add tion
	aby certify that the information supr	lied with this filing does not gual		d in Section 119.07(3)(i). Florida Statute	s. I further certify that the

I have been that the information supplied with this timing boes not quality to the exemplate state in Section 118.07(5)(f), ribidoa statutes, informations, 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 13 if chapted. From an attachment with an address.