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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT #

L27385

(8)

TOMMY LEE, INC.

Principa: Prace of Business Mailing Address

5542 DUNN AVE 5542 DUNN AVE JACKSONVILLE FL 32218

JACKSONVILLE FL 32218

## FILED Mar 11 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified 11/01/1989		e of Last <b>/28/19</b> 9	
2. Pancipal Pla	ace of Business	2a. Mailing Ad	dress				4. FEI Number			Applied For
1		26					59-2973140			Not Applicable
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & Stat	te				Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
Zip	Country 25	Zip 29		Countr <b>30</b>	ľy		8. This corporation has liability for Florida Statutes	intangible t Yes	ax under	s. 199.032,
7.1		of Current Registered Agen	t				10. Name and Address of New Re	gistered A	gent	
LE	E. TOMMY W.	///		8	1 Na	ıme				
5542 DUNN AVE					2 5	oot Addro	ess (P.O. Box Number is Not Acceptat	اهاد		
JACKSONVILLE FL 32218					82 Street Address (P.O. Box Number is Not Accept					
				8:	3					
				84	4 Ci	ty		FL	<b>85</b> Zi	p Code
SIGMATHE		eg Jens agent and ide if applicable					oration submits this statement for the pon's board of directors. I hereby accepted when renstating)	DATE		
12.		ICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE			
THEF	D		DELETE	1,1 TITLE					Chang	e 🔲 Additio
NAME	lee, tommy w.			1,2 NAMI	E					
STREET ACTIONS	3298 MARBON RD			1.3 STRE	ET ADDI	RESS				
OLLY-ST-ZIP	JACKSONVILLE FL			1.4 CiTY	-\$T-Z)	<u> </u>				
TITLE	PST		DELETÉ	2.1 TITLE	Ē				Chang	e 🔲 Additio
NAME	LEE, TOMMY W.			2.2 NAM	E					
SUREL L'ADOMESS	3298 MARBON RD									
				2.3 STRE	ET ADD	RESS				
CHY- \$1-20	JACKSONVILLE FL		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2. 4 CITY	/ - ST - 71	1			<u> </u>	
	JACKSONVILLE FL		DELETE	2. 4 CITY 3 1 TITLE	( - ST - 7(	1			Chang	j <b>e 🔲 Ad</b> dibo
TIH	JACKSONVILLE FL		DELETE	2. 4 CITY 3 1 TITLE 3 2 NAM	/ - ST - <b>?</b> ( E IE	Р			Chang	e 🔲 Additro
T TEF NAME	JACKSONVILLE FL		DELETE	2. 4 CITY 3 1 YITLE 3 2 NAM 3 3 STRE	(+ST-71 E E ET ADD	P RESS			Chang	je 🔲 Additic
T THE NAME STREET ADDRESS OUTY: ST: 7:51	JACKSONVILLE FL			2. 4 CITY 3 1 TITLE 3 2 NAM 3 3 STRE 3 4. CITY	( - ST - 71 E EET AOD ( - ST - 71	P RESS				
T THE NAME STHEET ADDRESS OCTY- ST- Zet THEE	JACKSONVILLE FL		DELETE	2. 4 CITY 3 1 TITLE 3 2 NAM 3 3 STRE 3 4. CITY 4 1 TITLE	(-ST-7) E Et add (-ST-7) E	P RESS			☐ Chang	
TTIE NAME SPEET ADDRESS CCYSSE ZES TILLE NAME	JACKSONVILLE FL			2. 4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM	(-ST-71 E EET ADD (-ST-71 E	P RESS P				
TTHE NAME SPEEL ADDRESS OUTY SELZE THULE NAME STREEL ADDRESS	JACKSONVILLE FL			2. 4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	(-ST-7) E EET ADD (-ST-7) E ME	P RESS				
T II F NAME STHEET ADDRESS OUTY SEEZH TITLE NAME STREET ADDRESS OUTY SEEZH	JACKSONVILLE FL		DELETE	2. 4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	(-ST-ZI E EET ADD (-ST-ZI E ME EET ADO	P RESS			☐ Chang	ge [] Additio
THE NAME SPIELL ADDRESS OUTY-SE-ZE HILL NAME STREEL ADDRESS CITY-SE-ZE TILL TILL TILL TILL TILL TILL TILL TIL				2. 4 CITY 3.1 THEE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 THEE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 THEE	(-ST-ZI E EET ADD (-ST-ZI E EET ADO (-ST-ZI E	P RESS				ge [] Additio
THE NAME SPEEL APORESS COTY, SE, 755 THLE NAME STREET ADDRESS COTY, SE, 275 THLE NAME NAME NAME NAME			DELETE	2. 4 CITY 3.1 THEE 3.2 NAM 3.3 STRE 3.4. CITY 4.1 THEE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 THEE 5.2 NAM	(-ST-ZI E EET ADD (-ST-ZI E ME EET ADO (-ST-ZII F	P P RESS			☐ Chang	ge [] Additio
THE NAME SPIELL APPRESS COVESTORE THE NAME STREET APPRESS COVESTORE THE THE NAME STREET APPRESS THE STREET APPRESS STREET APPRESS			DELETE	2. 4 CITY 3.1 THEE 3.2 NAM 3.3 STRE 3.4. CHY 4.1 THEE 4.2 NAM 4.3 STRE 4.4 CHY 5.1 THEE 5.2 NAM 5.3 STRE	Y-ST-ZI E EET ADD Y-ST-ZI E ME EET ADD '-ST-ZII F ME	P RESS			☐ Chang	ge [] Additio
NAME. STREET ADDRESS CITY - ST. ZP. THEF NAME. STREET ADDRESS C TY - ST- ZP.			] DELETE	2. 4 CITY 3.1 THEE 3.2 NAM 3.3 STRE 3.4 CHY 4.1 THEE 4.2 NAM 4.3 STRE 4.4 CHY 5.1 THEE 5.2 NAM 5.3 STRE	(-ST-ZI E EET ADD (-ST-ZI E EET ADO F HE EET ADD	P RESS			☐ Chang	ge Additio
THE NAME SPECIAL ADDRESS COTY, SELZE THLE NAME STREET ADDRESS COTY, SELZE THLE NAME SUBJECT ADDRESS COTY, SELZE THLE NAME SUBJECT ADDRESS COTY, SELZE THLE THLE THLE THLE THLE THLE THLE THL			DELETE	2. 4 CITY 3.1 THEE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 THEE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 THEE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 THEE	/-ST-71 E E E E E E E E E E E E E E E E E E E	P RESS			☐ Chang	ge Additio
THE NAME STHELL ADDRESS COVESTEZA THLE HAME STREET ADDRESS CITYESTEZA THLE NAME STREET ADDRESS CITYESTEZA THLE NAME STREET ADDRESS CITYESTEZA THLE NAME			] DELETE	2. 4 CITY 3.1 THEE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 THEE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 THEE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 THEE 6.2 NAM	(-ST-ZI E E E E E E E E E E E E E E E E E E E	P ARESS P ARES			☐ Chang	ge Additio
THE NAME SPECIAL ADDRESS COTY, SELZE THLE NAME STREET ADDRESS COTY, SELZE THLE NAME SUBJECT ADDRESS COTY, SELZE THLE NAME SUBJECT ADDRESS COTY, SELZE THLE THLE THLE THLE THLE THLE THLE THL			] DELETE	2. 4 CITY 3.1 THEE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 THEE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 THEE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 THEE	(-ST-7)  E  E  E  E  AE  E  E  E  E  E  E  E  E	P RESS			☐ Chang	ge Additio

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 supplicinental 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 option receiver or tusted 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 for an affact monit with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97

(804)7168-4836