

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L35950** (9)

1. Corporation Name

THE WILLIAM M. LEE COMPANY

Principal Place of Business

P.O. BOX 3761
TALLAHASSEE FL 32315

Mailing Address

P.O. BOX 3761
TALLAHASSEE FL 32315



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**THOMPSON, SUSAN S
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified

12/13/1989

3a. Date of Last Report

03/22/1995

4. FEI Number

59-2985372

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 Line for principal of registered agent and for applicable

(NONE) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME
**PD
LEE, WILLIAM M
2548 MARSTON DRIVE
TALLAHASSEE FL 32312**

11.2 TITLE ☐ DELETE

NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

11.5 TITLE ☐ DELETE

NAME

11.6 STREET ADDRESS

11.7 CITY-ST-ZIP

11.8 TITLE ☐ DELETE

NAME

11.9 STREET ADDRESS

11.10 CITY-ST-ZIP

11.11 TITLE ☐ DELETE

NAME

11.12 STREET ADDRESS

11.13 CITY-ST-ZIP

11.14 TITLE ☐ DELETE

NAME

11.15 STREET ADDRESS

11.16 CITY-ST-ZIP

11.17 TITLE ☐ DELETE

NAME

11.18 STREET ADDRESS

11.19 CITY-ST-ZIP

11.20 TITLE ☐ DELETE

NAME

11.21 STREET ADDRESS

11.22 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-ST-ZIP

13.29 TITLE ☐ Change ☐ Addition

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-ST-ZIP

14. 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 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: *William M Lee* William M Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96 904-668-7491

Date

Daytime Phone #

CR2E034 (12/95)