

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L42577** (1)

1. Corporation Name
LEE COUNTY FOODS, INC.



Principal Place of Business

**2023 KATHERINE ST
FT. MYERS FL 33901
US**

Mailing Address

**2023 KATHERINE ST
FT. MYERS FL 33901
US**

3. Date Incorporated or Qualified
01/10/1990

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

21 **1342 Colowine Blvd**

Suite, Apt. #, etc.

22 **Suite F-47**

City & State

23 **FT. MYERS, FLA.**

Zip

24 **33907**

Country

25 **Lee**

2a. Mailing Address

26 **1342 Colowine Blvd**

Suite, Apt. #, etc.

27 **Suite F-47**

City & State

28 **FT. MYERS, FLA.**

Zip

29 **33907**

Country

30 **Lee**

4. FEI Number
65-0168901

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

9. Name and Address of Current Registered Agent

**HILLIKER, RICHARD O.
2023 KATHERINE ST
FT. MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name **RICHARD O. Hilliker**

82 Street Address (P.O. Box Number is Not Acceptable)
1342 Colowine Blvd

83 **Suite F-47**

84 City **FT. MYERS**

FL

85 Zip Code
33907

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

Richard O. Hilliker, Pres

4/17/96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's Signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HILLIKER, RICHARD O**
STREET ADDRESS **2023 KATHERINE ST**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Hilliker, Richard O** ☒ Change ☐ Addition

1.2 NAME **1342 Colowine Blvd**

1.3 STREET ADDRESS **Suite F-47**

1.4 CITY-ST-ZIP **FT. MYERS, FLA. 33907** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Richard O. Hilliker **4/17/96** **941-936-3000**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone

CR2E034 (12/95)