

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90095 044 ***150.00

DOCUMENT # L58267

1. Corporation Name

MARY LEE AGENCY, INC.

Principal Place of Business

% THOMAS C. NEIGHBORS
2875 S OCEAN BLVD #216
PALM BCH FL 33480

Mailing Address

2875 S. OCEAN BLVD., SUITE 216
PALM BCH FL 33480
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1990

4. FEI Number

65-0181113

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANOUSE, KEITH J., P.A.
~~2424 N FEDERAL HIGHWAY~~
~~SUITE 363~~
~~BOCA RATON FL 33431~~

KANOUSE, KEITH J., P.A.
PENINSULA EXECUTIVE CENTER
2385 EXECUTIVE CENTER DR.
SUITE 270
BOCA RATON, FL 33431

ADDRESS CHANGE: →

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 D
NAME NEIGHBORS, THOMAS C.
STREET ADDRESS 530 NW 14 ST
CITY-ST-ZIP DELRAY BEACH FL

☐ DELETE

TITLE DPT
NAME NEIGHBORS, DANA G.
STREET ADDRESS 530 NW 14TH STREET
CITY-ST-ZIP DELRAY BEACH FL

☐ DELETE

TITLE S
NAME NEIGHBORS, DANA G.
STREET ADDRESS 520 NW 14TH STREET
CITY-ST-ZIP DELRAY BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Dana G. Neighbors* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANA G. NEIGHBORS

(561) 585-2702

Date
MARCH 2 - 1999

Daytime Phone #

CR2E034 (11/98)