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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Wanda B. Munham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L81715** (9)

1. Corporation Name:

C & H ENTERPRISES OF LEE COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 500 SUNSHINE BLVD.
LEHIGH ACRES FL 33971

Mailing Address: 500 SUNSHINE BLVD.
LEHIGH ACRES FL 33971

3. Date of Corporation or Transfer	3a. Date of Last Report
06/20/1990	07/06/1994
4. FEI Number	Applicant Fee
65-0206926	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
7. Trust Fund Contribution	
8. The corporation has liability for information under 1990/92	
9. Change of Name	

2. Principal Place of Business	2a. Mailing Address
21. State App. # of	26. State App. # of
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HALL, WANDA 5570 LEE BLVD. LEHIGH ACRES FL 33971	81. Name 82. Street Address (P.O. Box Number or Post Office) 83. 84. City, State, Zip 85. Zip Code

11. Pursuant to the provisions of Chapter 206, Florida Statutes, the above named corporation hereby certifies that the information herein is true and correct and that the corporation is in good standing with the State of Florida, and that the corporation is in good standing with the State of Florida.

12. ADDITIONAL REGISTERED AGENTS	13. ADDITIONAL OFFICERS AND DIRECTORS
NAME: P HALL, WANDA 5570 LEE BLVD LEHIGH ACRES FL ST HALL, WANDA 5570 LEE BLVD LEHIGH ACRES FL	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not require, for the foregoing, stated or lawfully required, Florida Statutes. I further certify that the information is true and correct and that the corporation is in good standing with the State of Florida, and that the corporation is in good standing with the State of Florida.

SIGNATURE: *Wanda Hall* *Lucy/Treas* 5/1/95 (813)368-7212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR