FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAR -1 PM 4:29

SEC. TALLA.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M82623 (3)

1. Corporate Name

LEE STRICKLAND ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4500 PLAZA WAY ST PETERSBURG BEACH FL 33706	4500 PLAZA WAY ST PETERSBURG BEACH FL 33706

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/18/1988

3a. Date of Last Report: 04/18/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

State, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-2889395 ☐ 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

STRICKLAND, WILLIAM L.
4510 PLAZA WAY
ST. PETE BCH. FL 33706

PM 4:29
PLEASE SIGN &
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A CHECK IN THE
AMOUNT OF
$ 4.00 BEFORE
MAY 1. THANK

New Registered Agent

(Acceptable)

FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above ... or registered agent, or both, in the State of Florida. Such change was authorized by the ... familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ... the purpose of changing its registered office ... the appointment as registered agent, I am

SIGNATURE — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	P	1.1 TITLE	☐ Change ☐ Addition
Name	STRICKLAND, WILLIAM L.	1.2 NAME	
Street Address	4500 PLAZA WAY	1.3 STREET ADDRESS	
City-St-Zip	ST. PETE BCH. FL	1.4 CITY-ST-ZIP	
Title		2.1 TITLE	☐ Change ☐ Addition
Name		2.2 NAME	
Street Address		2.3 STREET ADDRESS	
City-St-Zip		2.4 CITY-ST-ZIP	
Title		3.1 TITLE	☐ Change ☐ Addition
Name		3.2 NAME	
Street Address		3.3 STREET ADDRESS	
City-St-Zip		3.4 CITY-ST-ZIP	
Title		4.1 TITLE	☐ Change ☐ Addition
Name		4.2 NAME	
Street Address		4.3 STREET ADDRESS	
City-St-Zip		4.4 CITY-ST-ZIP	
Title		5.1 TITLE	☐ Change ☐ Addition
Name		5.2 NAME	
Street Address		5.3 STREET ADDRESS	
City-St-Zip		5.4 CITY-ST-ZIP	
Title		6.1 TITLE	☐ Change ☐ Addition
Name		6.2 NAME	
Street Address		6.3 STREET ADDRESS	
City-St-Zip		6.4 CITY-ST-ZIP	

14. I 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)(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 asterisk.

SIGNATURE: X [signature] X 2-3-95 813 X 360 8788

SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM L. STRICKLAND

0307301 CP