


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48596** (3)

1. Corporation Name

**LEE COUNTY EMPLOYMENT & ECONOMIC DEVELOPMENT CORPORATION**



Principal Place of Business	Mailing Address
2121 W. 1ST ST. SUITE 1 FT. MYERS FL 33901 US	2121 W. 1ST ST. SUITE 1 FT. MYERS FL 33901 US

3. Date Incorporated or Qualified

**04/28/1992**

4. FEI Number

**65-0331857**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAPP, RICHARD  
3275 SOUTH STREET  
FT. MYERS FL 33916**

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 617.0502 and 617.1508, 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 617.0503, 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	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAPP, RICHARD</b>	
STREET ADDRESS	<b>3275 SOUTH STREET</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33916</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REV STOCKTON, ALAN B MT OLIV</b>	
STREET ADDRESS	<b>2574 ORANGE ST</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SPEARS, DIANE DIR ONCO</b>	
STREET ADDRESS	<b>2776 CLEVELAND AVE</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>PITTS, LEE H</b>	
STREET ADDRESS	<b>2201 SECOND STREET</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33901</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOUGLAS, MATTIE</b>	
STREET ADDRESS	<b>23071 AVENUE B</b>	
CITY-ST-ZIP	<b>ALVA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NEAL, ALICE</b>	
STREET ADDRESS	<b>23080 AVE B</b>	
CITY-ST-ZIP	<b>ALVA FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

CR2E037 (10/97)