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**Feb 08, 1999 8:00 am**  
**Secretary of State**

02-08-1999 90039 013 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT

**1999**



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

**DOCUMENT # N48596**

1. Corporation Name

**LEE COUNTY EMPLOYMENT & ECONOMIC DEVELOPMENT CORPORATION**

Principal Place of Business

2121 W. 1ST ST.  
SUITE 1  
FT. MYERS FL 33901  
US

Mailing Address

2121 W. 1ST ST.  
SUITE 1  
FT. MYERS FL 33901  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**04/28/1992**

4. FEI Number

**65-0331857**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.093, Florida Statutes.

SIGNATURE *Richard Sapp*  
Signature, typed or printed name of registered agent and title if applicable.

*Richard Sapp*  
(NOTE: Registered Agent signature required when reinstating)

*1/15/99*  
DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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, with all other like empowered.

SIGNATURE *Richard Sapp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/15/99* (941) 337-2302  
Date Daytime Phone #

CR2E037 (11/98)