FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N93000003098 (1)

1. Corporation Name
LEE HARVEST, INC.

Principal Place of Business	Mailing Address
1470 ROYAL PALM SQUARE BLVD. FORT MYERS FL 33919 US	1470 ROYAL PALM SQUARE BLVD. FORT MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1993
3a. Date of Last Report: 07/01/1994
4. FEI Number: 65-0425363 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DELANOIS, GARY
1470 ROYAL PALM SQUARE BLVD
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: GARY DELANOIS
82 Street Address (P.O. Box Number is Not Acceptable): 49 TIMBERLAND CIR. S.
83
84 City: FORT MYERS FL 85 Zip Code: 33919

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: Gary H. Delanois, President — 6/28-95
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	DV	1.1 TITLE	☐ Change ☐ Addition
NAME	BUCKLEY, STEPHEN W	1.2 NAME	
STREET ADDRESS	1515 BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	DELANOIS, GARY	2.2 NAME	
STREET ADDRESS	12689 NEW BRITTANY BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	DELANOIS, LISA	3.2 NAME	
STREET ADDRESS	49 TIMBERLAND CIRCLE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SNELL, FRANK	4.2 NAME	
STREET ADDRESS	1470 ROYAL PALM SQUARE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	VAYO, SUE	5.2 NAME	
STREET ADDRESS	7205 ESTERO BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary H. Delanois — 6/28-95 — 433-4223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016498