

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

**APPROVED
AND
FILED**

95 APR 20 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003852 (1)

1. Corporation Name

LEE GUARDIANSHIP SERVICES, INC.

Principal Place of Business

Mailing Address

10175 SIX MILE CYPRESS PARKWAY
SUITE 4
FORT MYERS FL 33912

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SUITE 4
FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/25/1993** 3a. Date of Last Report **02/08/1994**

4. FEI Number **65-0432968** 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 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OSTERHOUT, JULIE
10175 SIX MILE CYPRESS PARKWAY
SUITE 4
FORT MYERS FL 33912**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTERHOUT, JULIE	1.2 NAME	
STREET ADDRESS	RT. 2, 134 POLLYWOG POINT	1.3 STREET ADDRESS	
CITY - ST - ZIP	LABELLE FL 33935	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLINAN, MAUREEN	2.2 NAME	DELETE
STREET ADDRESS	5342 CHIPPENDALE CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL 33919	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, DEBORAH J	3.2 NAME	DELETE
STREET ADDRESS	1735 BRANTLEY RD., #1907	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL 33907	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Secretary-Director (D)
STREET ADDRESS		4.3 STREET ADDRESS	Beth A. Crissey
CITY - ST - ZIP		4.4 CITY - ST - ZIP	13038 4th Street, S.E. Fort Myers, FL 33905
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Treasurer-Director (D)
STREET ADDRESS		5.3 STREET ADDRESS	Kathleen Schroeder
CITY - ST - ZIP		5.4 CITY - ST - ZIP	4440 St. Clair Avenue, W. North Fort Myers, FL 33903
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julie Osterhout* **Julie Osterhout, Director** Date **03/27/95**