



2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000081025 1. Entity Name LEHIGH CORPORATION						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> FILED 03 NOV 24 AM 8:47 CLAY COUNTY, FLORIDA </div>	
Principal Place of Business 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916				Mailing Address 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
10292008 Chg-P CR2E034 (12/06)				4. FEI Number 65-1036590		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent NATIELLO, JOHN A 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916			
7. Name and Address of New Registered Agent Name ROTH, JEFFREY H.							
Street Address (P.O. Box Number is Not Acceptable) 4315 METRO PARKWAY							
City FORT MYERS FL Zip Code 33916							
8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Jeffrey H. Roth, VP </div> <div style="width: 30%; text-align: right;"> 11/17/08 <small>DATE</small> </div> </div>							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<div style="border: 1px solid black; padding: 5px;"> 500138238495 11/24/08-01059-006 ***61.25 </div>			
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROTH, JEFFREY H 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HUGHES, HEIDI 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS NATIELLO, JOHN A 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORVATH, MARGARET 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLQUIST, LAURA A 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LIVINGSTON, WILLIAM I. ONE CORPORATE DRIVE, SUITE 3A PALM COAST, FL 32137-4715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____ Jeffrey H. Roth, VP <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11/17/08 <small>Date</small>		239-333-3300 <small>Daytime Phone #</small>	