FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

LEE'S GREENHOUSES, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				_	1 10011001 (01 11010 1010) (0110 01110 01110	IBLU DINGE BONGE DINGE NINGE ATRE TONG
2203 W. HAAS RD (APOPKA.FL 32703) 608 SPRING VALLEY RD. P.O. BOX 997 ALTAMONTE SPRINGS FL SORRENTO FL 32776-0997			20744			
			32/14		DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified	
					06/28/1988	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26			···•		31-1190978	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 City & Sta	27					Fee Required
23					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country		Zip Cour		8. This corporation owes or has paid to	7,0000,10,1000
24	25	— ├ ── `	30		Personal Property Tax due June 30	
9. Name and Address of Current Registered Agent					10. Name and Address of New Regis	
MORRISON, RICHARD LEE				1 Name		
2203 WEST HAAS ROAD			8	2 Street	Address (P.O. Box Number is Not Acceptable)	
APOPKA FL 32776			_			
			8	3		
			8	4 City		85 Zip Code
				ĺ		FL
office or agent. L	to the provisions of Sections 607.0 recinered agent, or both, in the Sta ar miliar with, and accept the obl	502 and 607.1508, Florida Statute ite of Florida. Such change was a igations of, Section 607.0506, Flo	s, the abo uthorized rida Statul	we-named by the corp es.	corporation submits this statement for the purp poralion's board of directors. I hereby accept the	pose of changing its registered the appointment as registered
SIGNATURE						
flure, typed or printed name of registered agent and tice if applicable (NOTE B 12. OFFICERS AND DIRECTORS			Registered A	geni signalure	required when reinstaling) ADDITIONS/CHANGES TO OFFICER	S AND DIDECTORS IN 10
TITLE	Ta		1.1 TiTL8		ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	MORRISON, RICHARD LEE		1.2 NAME			
STREET ADDRESS 608 SPRINGS VALLEY RD				ET ADDRESS		[8
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714			1.4 CITY			Į.
TITLE	DELETE 2		2.1 TITLE			☐ Change ☐ Addition <
NAME			2.2 NAM			
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714			2. 4 CITY	-ST-ZIP		
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HAME			3.2 NAM			
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CITY-ST-ZIP			3.4. CITY			
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CITY-ST-ZIP TITLE			4.4 CITY			
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				T ADDRESS		
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NAME		OLLCIE	6.2 NAME			Li change Li Addition
STREET ADDRESS						
CITY-ST-ZIP				ET ADDRESS		
14 Lberoby	and the short short short said	30 0 5 0 0	6.4 CITY	31-20		

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.