FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 19 PM 11:35

DOCUMENT # **P92000004669 (7)**

1. Corporation Name
R.K. LEE DESIGNS INC.

Principal Place of Business	Mailing Address
3274 PALM AVE. FT MYERS FL 33908	3274 PALM AVE. FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/09/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3390 Palm Avenue	26 3390 Palm Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Myers, FL	City & State 28 Ft. Myers, FL
Zip / Country 24 33901 / 25 Lee	Zip / Country 29 33901 / 30 Lee

4. FEI Number: 65-0367914 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEE, ROBERT K 15894 BROTHERS DR FT MYERS FL 33912	81 Name: Robert K. Lee 82 Street Address (P.O. Box Number is Not Acceptable): 5721 Harborage Avenue 83 84 City: Ft. Myers, FL 85 Zip Code: 33912

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: Robert K. Lee, Pres. DATE: 4/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	LEE, ROBERT K	12 NAME	Lee, Robert K.	
STREET ADDRESS	17237 LEE RD	13 STREET ADDRESS	5721 Harborage Avenue	
CITY-ST-ZIP	FT MYERS FL 33912	14 CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	LEE, BRENDA L	22 NAME	Lee, Brenda L.	
STREET ADDRESS	17237 LEE RD	23 STREET ADDRESS	5721 Harborage Avenue	
CITY-ST-ZIP	FT MYERS FL 33912	24 CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	Stegeman, Thomas T.	
STREET ADDRESS		33 STREET ADDRESS	17620 SW Taylor Dr.	
CITY-ST-ZIP		34 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: Robert K. Lee 4/3/95 813-278-4245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0810701 CP