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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300000628 (6)

LEE'S TREES AND LANDSCAPING, INC.

Principal Place of Business

Mailing Address

1687 MANASOTA BEACH ROAD EAST
ENGLEWOOD FL 94223

Mailing Address

1687 MANASOTA BEACH ROAD EAST
ENGLEWOOD FL 94223

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Apr 07 1998 8:00am Secretary of State



5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 ☐ Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN ROBERT W. BENJAMIN 82 Street Address (P.O. Box Number is Not Acceptable) 1550 RINGLING BLVD. 63 SARASOTA FL 34236 84 City 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** Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE P 1.1 TITLE Change Addition NAME LEE, PETER J 1,2 NAME 1687 MANASOTA BEACH ROAD EAST STREET ADDRESS 1.3 STREET ADORESS **ENGLEWOOD FL 34223** CITY-ST-ZIP 1.4 City-St-ZIP DELETE Change Addition TITLE 21 TITLE NAME WILLIAM, G. LEE 2.2 NAME **1687 MANASOTA BEACH ROAD EAST** STREET ADDRESS 2.3 STREET ADDRESS **ENGLEWOOD FL 34223** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME LEE, LOIS A 3.2 NAME 1687 MANASOTA BEACH ROAD EAST STREET ADDRESS 3.3 STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP 3.4. City-St-ZiP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. 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 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 any all achiment with an address.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Kould Hel

los A Les

6.3 STREET ADDRESS

4-1-98 19WW75-NJA