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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90023 005 ***150.00

1999

DOCUMENT # P9300002317 1. Corporation Name

ROBERT E. LEE, P.A.

Principal Place	e of Business	Mailing Address			1 18811861 110 18161 81111 80111 80111	1111 20112 11990	' ilial liali last tast	
8350 ESTERO BLVD #434 FT MYERS BEACH FL 33931 FT MYERS BEACH FL 33931					DO NOT WRITE IN T	HIS SPACE		
					3. Date Incorporated or Qualifed			
					01/12/1993			
2 District Di	lana of Business	2a. Mailing Address			4. FEI Number		Applied For	
- 110 cm	ace of Business	- // // // // ·	,, d.,	11-	65-0379249	<u> </u>	Not Applicable	
21 7974 Suite, Apt.	VENTURA CET-	26 4774 ENT	WER	1067		\$8.7	75 Additional	
· ·	m, etc.	27			5. Certifcate of Status Desired	T -	e Required	
22 27					6. Election Campaign Financing	\$5.	.00 May Be	
23 NAP		28 NAPLES, F!			Trust Fund Contribution	Add	ded to Fees	
Zip 2466 0	Country 25 Collicia	Zip 29 744 / 0 9 30	Countr	11180	This corporation owes the current year Personal Property Tax.	r Intangible ☐ Yes	□No	
24 977	9. Name and Address of Current				10. Name and Address of New Register	red Agent		
					81 Name			
LEE, ROBERT E				82 Street Address (P.O. Box Number is Not Acceptable)				
8350 ESTERO BLVD #434				Street Ad	idress (C.O. Dox Multiper is Not Acceptable)			
FT MYERS BEACH FL 33931			83	3				
						- les	Zin Cedo	
ļ			84	City		╒ ┎╴│ ⁸⁵ │╶	Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1608, Florida Statutes,	the abov	/e-named co	orporation submits this statement for the purpos	e of changin	g its registered	
office or 6	egistered agent, of both, in the State	Florida Such change was autho	rized by	the corpora	propration submits this statement for the purposation's board of directors. I hereby accept the a	opointment a	as registered	
1	m tamillar with, and accept the opinial	lons of Section 607.0505, Florida		3-23-9	20			
SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable. (NOTE: Reg	istered Age	ent signature requ	uired when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	<u>' - </u>	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRE	CTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Cha	ange [] Addition	
NAME			1.2 NAME	Ì	- /		Ì	
STREET ADDRESS	8350 ESTERO BLVD #494		1.3 STREI	ET ADDRESS	4914 VENTURA CRT. NAPLES, FL. 34109	•		
CITY-ST-ZIP	FIT-MYERS BEACH FL 33931		1.4 CITY-	ST-ZIP	NAPLES, Fl. 34104			
TITLE		☐ DELETE	2.1 TTLE			☐ Cha	ange 🗌 Addition	
NAME			2.2 NAME		•			
STREET ADORESS			2.3 STREI	ET ADDRESS			,	
CITY-ST-ZIP			2. 4 CfTY-	ST-ZIP.				
TITLE		☐ DELETE	3.1 TITLE			Cha	ange	
NAME			3.2 NAME	:				
STREET ADDRESS			3.3 STREE	ET ADDRESS				
CITY-ST-ZIP		}	3.4. CITY-	ST-ZIP	·	<u> </u>		
TITLE		☐ DELETE	4.1 TTLE			☐ Cha	ange 🔲 Addition	
NAME			4. 2 NAME	.				
STREET ADDRESS			4.3 STRE	ET ADDRESS			ļ	
CITY-ST-ZIP			4.4 CITY-					
-TITLE		DELETE	5.1 TITLE				ange	
NAME	_	7	5.2 NAME					
STREET ADDRESS			5.3 STRE	ET ADDRESS			1	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			• Cha	ange Addition	
NAME			6.2 NAME				1	
STREET ADDRESS	•		6.3 STRE	ET ADDRESS			ł	
CITY-ST-ZIP	·		6.4 CITY-	ST-ZIP		_		

14. I hereby certify that the information susplied 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 charged or on an attachment with an address, with all other like empowered.

SIGNATURE: