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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000048497

1. Corporation Name

LEE CONSTRUCTION OF OCALA, INC.

Principal Place	e of Business	Mailing	Address				11001		Reil Akill Baile i		16111 1661 1661
11396 NE 40TH RD		P O BO	P O BOX 2345								
SILVER SPRINGS FL 34489			SILVER SPRINGAS FL 34489-2345								
US		US	US				DO NOT WRITE IN THIS SPACE				
							3. Date Inco 07/06/1	rporated or Qualifed 993			
2. Principal P	lace of Business	2a. Mai	iling Address				4. FEI Numb	er		Apı	plied For
21		26					59-319	2512		No	t Applicable
Suite, Apt.	#, etc.	Suit	te, Apt. #, etc.			- -	5 : Certifcate	of Status Desired	□-	\$8.75 ₋ A	
22		27					0. 00.000			Fee Re	quired
City & State	e	City	y & State					ampaign Financing		\$5.00	
23		28						d Contribution		Added to	o Fees
Zip	Country	Zip			intry			oration owes the cur	rent year Inte		
24	25	29		30				Property Tax.	Booletored.		□No
	9. Name and Address of Cu	rrent Registere	d Agent		81	Name	10. Name an	d Address of New	Kegistereu .	Agent	
IEE	THILM				"	Name					
LEE, LILLI M 11396 NE 40TH RD						Street A	ddress (P.O. Box N	ess (P.O. Box Number is Not Acceptable)			
	ER SPRINGS FL 34489										
	En ortando de ovvos		-		83						
					84	City			FL	85 Zip C	ode
					لـــــا					abanaina ita	
11. Pursuant office or re	to the provisions of Sections 607 egistered agent, or both, in the S	.0502 and 607.15 tate of Florida. S	508, Florida Statut iuch change was a	es, the a juthorized	bove bv	-named o	corporation submits tration's board of dire	nis statement for the ctors. I hereby acce	purpose of pt the appoi	cnanging its ntment as req	gistered
agent. I a	m familiar with, and accept the ol	bligations of, Sec	tion 607 0505 Flo	rida Stat				-			
	•	_		niua Stat	uies.						}
SIGNATURE									DATE:		
	Signature, typed or printed name of registere		icable. (NOTE	: Registered			quired when reinstating)	S/CHANGES TO O	DATE FICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS	od agent and title if appli S AND DIRECTO	icable. (NOTE	Registered	s Agen			S/CHANGES TO O		D DIRECTO	RS IN 12
12.	OFFICER:		icable. (NOTE	: Registered	Agen			S/CHANGES TO O			
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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 an atachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP, 3

LEQUIRED IGNING OFFICER OR DIRECTOR