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 FEB 16 PM 2:59

DOCUMENT # P93000078474 (2)

1. Corporation Name
PINKIE LEE'S, INC.

Principal Place of Business
118 E. JEFFERSON STREET
ORLANDO FL 32801

Mailing Address
118 E. JEFFERSON STREET
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1993
3a. Date of Last Report: 10/03/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3209719 — 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

F&L CORP.
THE GREENLEAF BUILDING THIRD FLOOR
200 LAURA ST
JACKSONVILLE FL 32201-0240

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLAYTON, KEVIN L
STREET ADDRESS	6605 FAIRWAY COVE DRIVE
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	VD
NAME	CLAYTON, VANESSA G
STREET ADDRESS	6605 FAIRWAY COVE DRIVE
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	SD
NAME	BILLINGSLEA, ROBERT L
STREET ADDRESS	3352 WAXBERRY COURT
CITY-ST-ZIP	WINDERMERE FL 34786
TITLE	TD
NAME	BOWIE, MICHELLE Y
STREET ADDRESS	1665 BRIDGEWATER DRIVE
CITY-ST-ZIP	HEATHROW FL 32746
TITLE	ASD
NAME	BILLINGSLEA, DEIDRE P
STREET ADDRESS	3352 WAXBERRY COURT
CITY-ST-ZIP	WINDERMERE FL 34786
TITLE	D
NAME	BOWIE, ANTHONY L
STREET ADDRESS	1665 BRIDGEWATER DRIVE
CITY-ST-ZIP	HEATHROW FL 32746

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Blocks 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; ☐ Change ☐ Addition — blank)

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 attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/95 407-8727740

0053220 CP