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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P93000085697**1. Corporation Name

Principal Place of Business

LEE - MAR ENTERPRISES, INC.

1908 26TH AVE BRADENTON FL		1908 26TH AVE. E. Bradenton FL 3420	1908 26TH AVE. E. Bradenton Fl. 34208			DO NOT WRITE IN TH	IS SPACE		
* ** **						3. Date incorporated or Qualifed 12/07/1993			
Principal Place of Business     2a. Mailing Address						4. FEI Number	•	Applie	ed For
21		26	26			65-0454982		Not A	pplicable
Suite, Apt.	#, etc.	<b>—</b>	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	5 Add e Requ	
22 27 <u>City</u>			City & State			a Startley Compaign Financing	¢5	<u> </u>	
City & State	e	<b>⊢</b> ′	<b>一 ・</b>			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year			
<b>→</b> ·	25	29	30	,		Personal Property Tax.	Yes	Ţ.	No
24	9. Name and Address of Curr		[30]			10. Name and Address of New Registers	d Agent	/-	
	J. Halle and Addition of Gall	one reagnotes a second		81	Name				
WHI	TEHURST, C. LEEROY JR.								
	26TH AVE. E.			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	DENTON FL 34208			83					
									<del></del>
				84	City	· · · F	85	Zip Co	de
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.  AND DIRECTORS	(NOTE: Registered	Agen	t signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS	S IN 12
TITLE	D	☐ DELE		TLE			Cha		☐ Addition
NAME	WHITEHURST, C. LEEROY J	R	1.2 N	AME					
STREET ADDRESS	1908 26TH AVE. E.		1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34208		1.4 C	1.4 CITY-ST-ZIP		•			
TITLE	VP DELETE			2.1 TITLE			Cha	nge	☐ Addition
NAME	WHITEHURST, MARGARET A	<b>l.</b>	2.2 N	AME					
STREET ADDRESS	1908 26TH AVENUE, E.		2.3 S	TREET	ADDRESS	•			
CITY-ST-ZIP	BRADENTON FL		2.40	2.4 CITY-ST-ZIP					
TITLE		☐ DELE	TE 3.1 TI	TLE		· · · · · · · · · · · · · · · · · · ·	☐ Cha	nge	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP	*****			
TITLE		☐ DELETE		4.1 TITLE			Cha	inge	☐ Addition
NAME			4. 2 N	IAME	l				
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CATY-ST-ZIP				πy-s	T-ZIP				
MLE		DELE		-	_	•	☐ Cha	nge	Addition Addition
NAME		· · · · · ·	5.2 N						
OTDEET ADDRESS	[		5.3 S	TREE	ADDRESS				

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 attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

**SIGNATURE** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

□ DELETE

Daytime Phone #

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90070 027 \*\*\*150.00

Addition

☐ Change