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 MAY -1 PM 10:25

DOCUMENT # **P94000038804 (8)**

1. Corporation Name
LEE'S MARKET, INC.

Principal Place of Business	Mailing Address
599 BEVILLE RD SOUTH DAYTONA FL 32119	599 BEVILLE RD SOUTH DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: 59-3222196 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc (22):
Suite, Apt. #, etc (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): County (25):
Zip (29): County (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LYNCH, MICHAEL C
~~500 DALLOUGH RD~~
~~DAYTONA BEACH FL 32115~~ 810 CAREY DRIVE
S. DAYTONA, FL 32119

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	JAMES LEE CORLESS	12 NAME	
STREET ADDRESS	599 BEVILLE ROAD	13 STREET ADDRESS	
CITY ST ZIP	S. DAYTONA, FL 32119	14 CITY ST ZIP	
TITLE	VICE-PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	LINDA SAUER	22 NAME	
STREET ADDRESS	3549 UNIT-A FOREST BLANCH DR.	23 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE, FL 32119	24 CITY ST ZIP	
TITLE	TREASURER	31 TITLE	☐ Change ☐ Addition
NAME	PAMELA M. COURT	32 NAME	
STREET ADDRESS	599 BEVILLE ROAD	33 STREET ADDRESS	
CITY ST ZIP	S. DAYTONA, FL 32119	34 CITY ST ZIP	
TITLE	SECRETARY	41 TITLE	☐ Change ☐ Addition
NAME	MIKE LYNCH	42 NAME	
STREET ADDRESS	P.O. BOX 4754	43 STREET ADDRESS	
CITY ST ZIP	S. DAYTONA, FL 32121	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

REMITTED BY MAY 1

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: Michael C. Lynch, Secretary 4/21/95 Date
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

904 252-4997
Daytime Phone # 760-9655

0000512 CP