

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Senitra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 05 1997 8:00am
Secretary of State

DOCUMENT # P94000045575 (5)

1. Corporation Name
LEE SQUARED, INC.

Principal Place of Business

129 TAYLOR STREET
PUNTA GORDA FL 33950
US

Mailing Address

129 TAYLOR STREET
PUNTA GORDA FL 33950-3654
US

2. Principal Place of Business

21 11691 Hunter Creek Dr.

Suite, Apt. #, etc.

22 City & State

23 Punta Gorda, FL.

24 33982

Country

25 Charlotte

2a. Mailing Address

26 P.O. Box 1143

Suite, Apt. #, etc.

27 City & State

28 Punta Gorda, FL.

29 33951

Country

30 Charlotte

9. Name and Address of Current Registered Agent

MACRIS, STEVEN W
609 SOUTH TAMiami TRAIL
VENICE FL 34285

3. Date Incorporated or Qualified

06/17/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0498780

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MCMaster, PEGGY S.
STREET ADDRESS 1091 HUNTERS CREEK DRIVE
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME MCMaster, JEFFERY T
STREET ADDRESS 1091 HUNTER'S CREEK DRIVE
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME ANDREU, KENNY
STREET ADDRESS 27085 NORTH JONES LOOP RD.
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE ☐ DELETE

NAME THOMAS, VIRGINIA L
STREET ADDRESS 3117 IDLEWOOD ST.
CITY-ST-ZIP NORTH PORT FL

TITLE ☐ DELETE

NAME KING, NICHOLAS J JR.
STREET ADDRESS 3381 PELLAM BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

SIGNATURE

SIGNATURE

CR2E034 (9/96)