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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90009 023 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000068045

1. Corporation Name

LEHMANN & ASSOCIATES, INC.

Principal Place of Business

67 JOHNNY CAKE DR  
NAPLES FL 33942

Mailing Address

P.O. BOX 420082  
NAPLES FL 33942  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1994

4. FEI Number

59-3264273

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4100 CORPORATE SQUARE

2a. Mailing Address

26 4100 CORPORATE SQUARE

Suite, Apt. #, etc.

22 SUITE 127

Suite, Apt. #, etc.

27 SUITE 127

City & State

23 NAPLES, FLORIDA

City & State

28 NAPLES, FLORIDA

Zip

24 34104

Country

25

Zip

29 34104

Country

30

9. Name and Address of Current Registered Agent

LEHMANN, PETER  
67 JOHNNY CAKE DR  
NAPLES FL 34110

10. Name and Address of New Registered Agent

81 Name

PETER LEHMANN

82 Street Address (P.O. Box Number is Not Acceptable)

4100 CORPORATE SQUARE

83

SUITE 127

84 City

NAPLES

FL

85 Zip Code

34104

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 PD ☐ DELETE

NAME LEHMANN, ANNETTE  
STREET ADDRESS 67 JOHNNY CAKE DR  
CITY-ST-ZIP NAPLES FL 33942

TITLE DV ☐ DELETE

NAME LEHMAN, PETER  
STREET ADDRESS 67 JOHNNY CAKE DR  
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE P/O ☒ 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 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.

SIGNATURE:

SIGNATURE REQUIRED

1-30-99

(941) 659-1303

Date

Daytime Phone #

CR2E034 (11/98)