FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000073246 (8) DOCUMENT #
1. Corporation Name

LEE BLVD., CHEVRON, INC.

Principal Place	of Business	Maitin	y Address				(1000/00 to 10 10 10 10 10 10 10 10 10 10 10 10 10	
1490 LEE BO LEHIGH ACF	OULEVARD RES FL 33936-4850		O LEE BOULEVAR BIGH ACRES FL 3:	-				
							3. Date Incorporated or Qualified	
	ace of Business	2a. Ma	2a. Mailing Address				4. FEI Number Applied For	
21	H ata	26					65-0539163 Not Applicable	
Suite, Apt. :	#, etc.	27	ite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State)	· · · · · · · · · · · · · · · · · · ·	y & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip	Country	Zış)	Cou	intry		8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29		30	r		Flonda Statutes ☐ Yes ☐ No	
	9. Name and Address of Curre	ent Hegistere	a Agent		81	Name	10. Name and Address of New Registered Agent	
SCHAAI	D, WILLIAM A				L			
1490 LEE BOULEVARD					82	Street.	reet Address (P.O. Box Number is Not Acceptable)	
	ACRES FL 33936-4850				83			
					84	City	FL 85 Zip Code	
familiar wit	th, and accept the obligations of, See Styrature typed or profied name of registered age OFFICERS A	otion 607.050 என்கிலின்னேல்	5, Florida Statutes સંક્રહે (વર્	S.			I's board of directors. I hereby accept the appointment as registered agent. I am DATE ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12	
TITLE	D OFFICERS AI	NET EXISTE CTO	DELETE	 1.11	III E		Sectives.	
NAME	SCHAAD, WILLIAM A			1.2 N			Leonard W. Rosenthal	
STREET ADDRESS	1490 LEE BOULEVARD					ADDRESS		
C(TY-S1-ZIP	LEHIGH ACRES FL 33936-4	1850				1 - 21F	Lehigh FC 38984	
TITLE			DELETE	2 1 T	11 L E		Change Addition	
NAME				2 2 N	AME.			
STREET ADDRESS				2 3 ST	REFT	ADDRESS	§	
CITY - ST - ZIP			fil ne cic	2 4 C)		T - ZIF		
TITLE NAME			DECE16	3 1 TI 3 2 N			Change Addition	
STREET ADDRESS				1		ADDRESS	25	
Chty - St - Zip				3 4 Ci				
TOLE			DELFTE	4 1 1			Change Addition	
NAME				4.2 N/	ME			
STREET ADDRESS				4.3 \$1	HEL 1	AUDRESS	s	
CITY-ST-ZIP			F7.00: 63:			T- ZIP		
THILF			☐ DELETE	5 11			Change Addition	
NAME CIRCLI ADDRESS				5.2 N/				
STREET ADDRESS						ADDRESS	5	
CITY-ST-ZIP TITLE			DELETE	5 4 CI 6 1 Ti		1 - [1](*	Change Addition	
NAME			F = 0.00 1 K	62 N				
STREET ADDRESS						ADDRESS	S	
C-TY-ST-ZiP				640				
	v certify that the information supplied	with this file	is voluntarily fun				 jualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further	

GNATURE:

Signature: Applying that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k), 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.

WM F. Schad

CHA-368-1992

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: