

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P94000083333 (2)**

1. Corporation Name
LEE HUNTER, INC.

95 MAY -1 PM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **4746 CHARIOT CIRCLE GREENACRES FL 33463**
Mailing Address: **4746 CHARIOT CIRCLE GREENACRES FL 33463**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1994**
3a. Date of Last Report

2. Principal Place of Business: **21**
2b. Mailing Address: **26**

4. FEI Number: **65-0538111**
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**

City: **24** County: **25** City: **29** County: **30**

8. This corporation has liability for intangible tax under 5-199 (CSR), Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOLE, S L
4746 CHARIOT CIRCLE
GREENACRES FL 33463**

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 607.0612 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 of person or printed name of registered agent and title) _____ (Signature of Registered Agent and printed name and title) _____ (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **D**
2. NAME: **SOLE, S L**
3. STREET ADDRESS: **4746 CHARIOT CIRCLE**
4. CITY, ST, ZIP: **GREENACRES FL 33463**

1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

1. TITLE: **D**
2. NAME: **SOLE, TIMOTHY L**
3. STREET ADDRESS: **4746 CHARIOT CIRCLE**
4. CITY, ST, ZIP: **GREENACRES FL 33463**

2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

4.1 TITLE: Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5.1 TITLE: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

6.1 TITLE: Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my name were written. I am an officer or director of the corporation or the receiver or trustee responsible to compile this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1A of this report, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95
407
1663668
TALLAHASSEE, FLORIDA