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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000008529**1. Corporation Name

LEE COUNTY CONSTRUCTION, INC.

Principal Place of Business		Mailing Address			
1463 SANDRA DRIVE		1463 SANDRA DRIVE			
FORT MYERS FL 33901		FORT MYERS FL 33901			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					01/27/1995
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0547290 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of Status DesiredFee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip Country			8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. ☑ Yes □ No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
KOPI		82	Stroot	t Address (P.O. Box Number is Not Acceptable)	
1463	SANDRA DRIVE		62	Sileet	(Address (F.O. Box Number is Not Acceptable)
FOR	T MYERS FL 33901		83		
			84	'	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes,	the abov	e-named	d corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the Sta	te of Florida. Such change was autho gations of, Section 607.0505, Florida	onzea by	the corpo	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	<u></u>				
	Signature, typed or printed name of registered a		nstered Age	nt signature n	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		AND DIRECTORS DELETE	1.1 TITLE		TI Change Ti Addition
TITLE	D TERRY	☐ DEFE IS	•		F/D
NAME	KOPRIVA, TERRY L		1.2 NAME		KOPRIVA. TERRY L.
STREET ADDRESS	1463 SANDRA DRIVE		1.3 STREE	TADDRESS	1403 Dimbini Dali D
CITY-ST-ZIP	FORT MYERS FL 33901		1.4 CITY-S	T-ZIP	FORT MYERS, FL 33901
TITLE		☐ DELETE	2.1 TITLE		V/D Change Addition
NAME			2.2 NAME		KOPRIVA, CAROL L.
STREET ADDRESS			2.3 STREE	TADDRESS	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	FORT MYERS, FL 33901
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS				T ADDRESS	s
			3.4. CITY-		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE) 1 * C.IF	Change Addition
TITLE		ي محدد، د	4. 2 NAME		المنافعة الم
NAME		j			
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			4.4 CITY-5	IT-ZIP	☐ Change ☐ Addition
TITLE		☐ DELÉTÉ	51 TITLE		
NAME			5.2 NAME		•
STREET ADDRESS				TADDRESS	5
CITY-ST-ZIP			5.4 CITY- S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	TADORESS	s

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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TERRY L. KOPRIVA

03/08/99

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90239 007 ***150.00