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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

STREET ADDRESS

P95000026145 (9)

LEE & CATES HOME IMPROVEMENT, INC.

Principal Place of Business Mailing Address 142 MADISON ST 142 MADISON ST JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3309577 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country B. This corporation owes or has paid the current year Intangible Zip Country Personal Property Tax due June 30. ☐ Yes ΠNo an 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LEE, THOMAS L # 142 MADISON ST Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32204 83 Zip Code 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent argnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Addition Change DELETE 1.1 TITLE TITLE LEE, THOMAS D JR 1.2 NAME NAME 142 MADISON ST 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32204 1.4 CiTY - ST - ZiP CITY-ST-ZIP Addition DELETE Change 21 TITLE THE F PADGETT, RICK Z 2.2 NAME NAME 142 MADISON ST 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32204 2 4 CITY-ST-ZIP CITY-ST-ZIP Change __ Addition DELETE 3.1 TITLE TITLE LEE. THOMAS D III 3.2 NAME NAME 142 MADISON ST 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32204 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE PADGETT, MAUDE M 4. 2 NAME NAME 142 MADISON ST 4.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32204 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE to WE PODETY- YOUR DIT

4-14-98

¥.

FILED

Apr 24 1998 8:00am

Secretary of State