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

PROFIT CORPORATION ANNUAL REPORT

1998

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CITY-ST-ZIP

officer or director of the corporation or Block 12 or Block 13 if changed, or



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000056919 (9)

JERRY K LEE CONSTRUCTION, INC.

Principal Place of Business Mailing Address 15733 36 TRAIL 15733 36 TRAIL LIVE OAK FL 32060 LIVE OAK FL 32060 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3389572 Not Applicable 21 Suite, Apt. #, etc Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country Z_{IP} Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEE, GLADYS 15733 36 TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) LIVE OAK FL 32060 83 84 Zip Code 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. Hereby accept the appointment as registered agent. Lam 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE LEE, JERRY K SR 1.2 NAME NAME Senio R 15733 36TH TRAIL 1.3 STREET ADDRESS STREET ADDRESS LIVE OAK FL 32060 1.4 CITY-ST-ZIP CITY-ST-ZIP X Change Addition DELETÉ 2.1 TITLE TITLE Directob LEE, TIMOTHY A NAME 2.2 NAME dtomi7 15733 36 TRAIL STREET ADDRESS 2.3 STREET ADDRESS 15733 3B LIVE OAK FL 32060 3**3**060 CITY-ST-ZIP 2. 4 CITY - ST - ZIP President - Director Change DELETE TITLE 3.1 TITLE Vice 3.2 NAME NAME Lee Junione STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4 1 TITLE ☐ Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 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 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 Mye receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

chment with an address