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

Mailing Address 15733 36 TRAIL

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000056919

1. Corporation Name

Principal Place of Business

15733 36 TRAIL

JERRY K LEE CONSTRUCTION, INC.

US		US	US		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					07/02/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-3389572 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State	e	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 Cu	irrent Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
LEE, GLADYS			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	3 36 TRAIL		02	Olicorrida		
LIVE OAK FL 32060			83			
	1				85	
	٠.		84	City	FLE STATE WAS	
A A Division of Sections 67 0502 and 607 1508. Elected Statutes the above pared corporation submits this statement for the purpose of changing its registered						
l office or r	egistered agent, or both, in the S	State of Florida. Such change was au	thonzed by	the corporation	on'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, typed or printed name of registere	d agent and title if applicable. (NOTE F	Registered Agen	t signature require	d when reinstating) DATE	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	LEE, JERRY K SENIOR		1.2 NAME			
STREET ADDRESS	15733 36TH TRAIL		1.3 STREET	ADDRESS		
CITY-ST-ZIP	LIVE OAK FL 3206		1.4 CITY-S	!		
TITLE	SD	☐ DELETE	2.1 TITLE		Change Addition	
NAME	LEE, TIMOTHY A	•	2.2 NAME			
STREET ADDRESS	15733 36TH TRAIL		2.3 STREET	TADORESS		
CITY-ST-ZIP	LIVE OAK FL 32060		2.4 CITY-S			
TITLE	VPD	☐ DELETE	3.1 TITLE	,1-11	☐ Change ☐ Addition	
NAME	LEE, JERRY K JUNIOR		3.2 NAME			
STREET ADDRESS	15733 36TH TRAIL		3.3 STREET	TANDARESS		
İ	LIVE OAK FL 32060		3.4. CITY- S			
CITY-ST-ZIP TITLE	LIVE OAK PL 32000	☐ DELETE	4,1 TITLE	51-ZIF	☐ Change ☐ Additio	
			4. 2 NAME		- -	
NAME				ADORESS		
STREET ADDRESS				i		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	1-217	☐ Change ☐ Additio	
TITLE		- Occess	5.2 NAME			
NAME			5.3 STREET	T ADDRESS		
STREET ADDRESS			5.4 CITY-S			
CiTY-ST-ZIP		□ BELETE	6.1 TITLE	1-217	. ☐ Change ☐ Additio	
TITLE		☐ DELETE	6.2 NAME			
NAME						
STREET ADDRESS			6.3 STREET	ADURESS		

SIGNATURE:

CITY-ST-ZIP

VAME OF SIGNING OFFICER OR DIRECTOR

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 as on an attachment with any address, with all other like empowered.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90104 037 ***150.00