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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082015

1. Corporation Name
THE BRANDEN LEE CORPORATION



Principal Place of Business
**157 W CHRISTINA BLVD
LAKELAND FL 33813**

Mailing Address
**157 W CHRISTINA BLVD
LAKELAND FL 33813**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

59-3402262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 5136 COLBERT ROAD
Suite, Apt. #, etc.

2a. Mailing Address
26 5136 COLBERT ROAD
Suite, Apt. #, etc.

City & State

23 LAKELAND FL

Zip Country

24 33813-4010 25 POLK

City & State

28 LAKELAND FL

Zip Country

29 33813-4010 30 POLK

9. Name and Address of Current Registered Agent

**FARMER, CYNTHIA L
157 W CHRISTINA BLVD
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name
CYNTHIA L FARMER
82 Street Address (P.O. Box Number is Not Acceptable)
5136 COLBERT ROAD
83
84 City
LAKELAND 85 Zip Code
FL 33813

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **FARMER, CYNTHIA L**
STREET ADDRESS **157 W CHRISTINA BLVD**
CITY-ST-ZIP **LAKELAND FL**

TITLE **VP** ☐ DELETE
NAME **FARMER, DENNIS**
STREET ADDRESS **157 W CHRISTINA BLVD**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☐ Addition
1.2 NAME **CYNTHIA L FARMER**
1.3 STREET ADDRESS **5136 COLBERT ROAD**
1.4 CITY-ST-ZIP **LAKELAND FL 33813**

2.1 TITLE **VP** ☐ Change ☐ Addition
2.2 NAME **DENNIS FARMER**
2.3 STREET ADDRESS **5136 COLBERT ROAD**
2.4 CITY-ST-ZIP **LAKELAND FL 33813**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:

Prosignature of Cynthia L Farmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-644-2183

CR2E034 (11/98)