

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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90097 016 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000095529**

1. Corporation Name  
**LEMOULLEC, INC.**



Principal Place of Business Mailing Address  
 5651 RATTLESNAKE HAMMOCK ROAD UNIT 205-C 5651 RATTLESNAKE HAMMOCK ROAD UNIT 205-C  
 NAPLES FL 34113 NAPLES FL 34113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/12/1998**

4. FEI Number  
**59-3542600**

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 2a. Mailing Address

21 **5825 DRUMMOND Way** 26 **5825 DRUMMOND Way**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **NAPLES, FL** 27 **NAPLES, FL**  
 City & State City & State

23 **34119** 24 **34119** 25 **FL** 28 **FL**  
 Zip Country Zip Country

9. Name and Address of Current Registered Agent

**FRANK, ANN T**  
 2124 AIRPORT ROAD SOUTH SUITE 102  
 NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEMOULLEC, ELLIOTT</b>	1.2 NAME	
STREET ADDRESS	<b>5651 RATTLESNAKE HAMMOCK ROAD UNIT 205-C</b>	1.3 STREET ADDRESS	<b>5825 DRUMMOND Way</b>
CITY-ST-ZIP	<b>NAPLES FL 34113</b>	1.4 CITY-ST-ZIP	<b>NAPLES, FL 34119</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEMOULLEC, RUTH</b>	2.2 NAME	
STREET ADDRESS	<b>5651 RATTLESNAKE HAMMOCK ROAD UNIT 205-C</b>	2.3 STREET ADDRESS	<b>5825 DRUMMOND Way</b>
CITY-ST-ZIP	<b>NAPLES FL 34113</b>	2.4 CITY-ST-ZIP	<b>NAPLES, FL 34119</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Ellie J. Tealle*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

9415131884

Date

Daytime Phone #

CR2E034 (1/1/98)