

3-21-97 B-3430 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S38043** (3)

1. Corporation Name
LEE'S CABLE CONTRACTOR, INC.

Principal Place of Business

**2804 SOUTH DER ROAD
PLANT CITY FL 33567**

Mailing Address

**2804 SOUTH DER ROAD
PLANT CITY FL 33567-2340**

3. Date Incorporated or Qualified
03/15/1991

3a. Date of Last Report
03/25/1996

2. Principal Place of Business
21 **4199 Drawdy Road**
Suite, Apt. #, etc.

2a. Mailing Address
26 **4199 Drawdy Road**
Suite, Apt. #, etc.

4. FEI Number
59-3086653

Applied For
Not Applicable

22 City & State
23 **Plant City, Florida**

27 City & State
28 **Plant City, Florida**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33567** 25 Country **USA**

29 Zip **33567** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LEE, DENVER
2804 SOUTH DER ROAD
PLANT CITY FL 33567**

10. Name and Address of New Registered Agent

81 Name
Lee, Denver

82 Street Address (P.O. Box Number is Not Acceptable)
4199 Drawdy Road

83

84 City **Plant City** **FL** 85 Zip Code **33567**

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

Alvin J. Lee

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, DENVER	
STREET ADDRESS	2804 SOUTH DER ROAD	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, ALVIN	
STREET ADDRESS	14153 HOLINESS CHURCH RD	
CITY - ST - ZIP	DOVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lee, Denver	
1.3 STREET ADDRESS	4199 Drawdy Road	
1.4 CITY - ST - ZIP	Plant City, FL 33567	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

Alvin J. Lee **ALVIN J. LEE**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 (815) *659-1353*

Date

Daytime Phone #

0348047

CR2E034 (9/96)