

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V04280**

(6)

1. Corporation Name

LEE COUNTY HOLDINGS COMPANY



Principal Place of Business

% 50 N. LAURA STREET, 9TH FLOOR
BARNETT TOWER, MC 099-000-1812 1830
JACKSONVILLE FL 32202
US

Mailing Address

% 50 N. LAURA STREET, 9TH FLOOR
BARNETT TOWER, MC 099-000-1812 1830
JACKSONVILLE FL 32202
US

3. Date Incorporated or Qualified
12/30/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0303644

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 has liability for intangible tax under s. 193.03,
Florida Statutes ☒ Yes ☐ No *on consolidated basis*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HEAD, JAMES A.
50 N. LAURA STREET
BARNETT TOWER, MC 099-000-1812
JACKSONVILLE FL 32202~~

81 Name

Ghomeshi, Mehdi

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

50 N. Laura Street

83

MC: 099-000-1830

84 City

Jacksonville

FL

85 Zip Code

32202

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 607.0502, Florida Statutes.

SIGNATURE

Mehdi Ghomeshi

Mehdi Ghomeshi

4/29/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☒ DELETE
BUEROSSE, MARCUS
801 E HALLANDALE
HALLANDALE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☒ DELETE
DSTV
HEAD, JAMES A.
50 N LAURA STREET, MC 099-000-1812
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☒ DELETE
DP
MILLER, ROBERT F. J
50 N. LAURA STREET, MC0990001830
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☒ DELETE
DASV
JARBOE, LLOYD ALLEN J
50 N. LAURA STREET, MC0990001830
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☒ DELETE
BLANSTEIN, ALAN
801 E HALLANDALE
HALLANDALE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DSV** ☒ Change ☐ Addition

1.2 NAME **BUEROSSE, MARCUS**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **DP** ☒ Change ☐ Addition

2.2 NAME **Ghomeshi, Mehdi**

2.3 STREET ADDRESS **50 N. Laura Street**

2.4 CITY-ST-ZIP **Jacksonville FL 32202**

3.1 TITLE **DV** ☒ Change ☐ Addition

3.2 NAME **story, Deborah**

3.3 STREET ADDRESS **50 N. Laura Street**

3.4 CITY-ST-ZIP **Jacksonville, FL 32202**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **200001820332**

4.3 STREET ADDRESS **-05/14/96--01063--011**

4.4 CITY-ST-ZIP *****200.00**

5.1 TITLE **DTV** ☒ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mehdi Ghomeshi

4/29/96

(904)-791-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mehdi Ghomeshi, President

Date

Daytime Phone

CR2E034 (12/95)