

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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V04280** (6)
1. Corporation Name
LEE COUNTY HOLDINGS COMPANY

Principal Place of Business % 50 N. LAURA STREET M/C 099-000-0730 JACKSONVILLE FL 32202 US	Mailing Address % 50 N. LAURA STREET M/C 099-000-3255 JACKSONVILLE FL 32202 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/30/1991	
				4. FEI Number 65-0303644	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ENGLAND, GARY W 50 N LAURA ST M/C 099-000-0907 JACKSONVILLE FL 32202				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

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

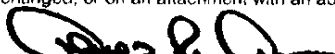
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
	DV SMALL, LORA J	50 N LAURA ST	JACKSONVILLE FL		PD Ademy, Gerald P.	100 N. Tampa Street Suite 1700	Tampa, FL 33602-5145
	<input checked="" type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
	PD STORY, DEBORAH	50 N. LAURA STREET	JACKSONVILLE FL		DVP Pennewill, Jr., Christopher	100 N. Tampa Street Suite 1700	Tampa, FL 33602-5145
	<input checked="" type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
	DTV MORELAND, MICHAEL	2850 N FEDERAL HWY	LIGHTHOUSE POINT FL		DVP MacLaughlin, Thomas, R.	100 N Tampa Street Suite 1700	Tampa, FL 33602-5145
	<input checked="" type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
	DSV WILMOT, MICHAEL R	50 N LAURA ST	JACKSONVILLE FL		AS Albritton, Shari S	100 N. Tampa Street Suite 1700	Tampa, FL 33602-5145
	<input checked="" type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
	<input type="checkbox"/> DELETE						

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

SIGNATURE:



Gerald P.
Ademy

4.7.98 (813) 276-7660

CR2E034 (10/97)