

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 30 1997 8:00am
Secretary of State

DOCUMENT # V06819 (9)

1. Corporation Name
GAVIN D. LEE, P.A.

Principal Place of Business

230 LOOKOUT PLACE
S-200
MAITLAND FL 32751
US

Mailing Address

230 LOOKOUT PLACE
S-200
MAITLAND FL 32751-8426
US



2. Principal Place of Business

21 201 PARK PLACE

Suite, Apt. #, etc.

22 204

City & State

23 ALTAMONTE SPRINGS

Zip

24 32701

Country

25

2a. Mailing Address

26 201 PARK PLACE

Suite, Apt. #, etc.

27 204

City & State

28 ALTAMONTE SPRINGS

Zip

29 32701

Country

30

3. Date Incorporated or Qualified

01/15/1992

3a. Date of Last Report

08/12/1996

4. FEI Number

59-3102317

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. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEE, GAVIN D.
230 LOOKOUT PLACE
S-200
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

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

201 PARK PLACE,

83

Suite 204

84 City

ALTAMONTE SPRINGS FL

85 Zip Code

32701

11. Pursuant to the provisions of Sections 607.0507 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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/24/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
LEE, GAVIN D.
STREET ADDRESS 230 LOOKOUT PLACE, S-200
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

201 PARK PLACE, Suite 204
ALTAMONTE SPRINGS, FL 32701

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE

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

4/24/97 417-335-511

CR2E034 (9/96)