

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 # **V16765** (2)

1. Corporation Name
LEE BUSINESS DIGEST, INC.



Principal Place of Business

**15650 ROBERTS LN.
SUITE 106
FT. MYERS FL 33908
US**

Mailing Address

**6258 PRESIDENTIAL CT.
SUITE 106
FT MYERS FL 33919
US**

3. Date Incorporated or Qualified
02/25/1992

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

2. Principal Place of Business

2a. Mailing Address

21 **9131 College Pkwy**

26 **9131 College Pkwy**

22 **13B-146**

27 **13B-146**

23 **Ft. Myers FL**

28 **Ft. Myers FL**

24 **33919** 25 **USA**

29 **33919** 30 **USA**

4. FEI Number
65-0317042

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

10. Name and Address of New Registered Agent

**LOAFMAN, ROBERT W.
7164-3 ALMENDRO TERR.
FT MYERS FL 33907**

81 Name **Loafman Robert W.**
82 Street Address (P.O. Box Number is Not Acceptable)
9131 College Pkwy 13B-146
83
84 City **Ft Myers** FL 85 Zip Code
33919

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

TITLE
NAME **LOAFMAN, ROBERT W** ☐ DELETE
STREET ADDRESS **7164-3 ALMENDRO**
CITY-ST-ZIP **FT MYERS FL**

1.1 TITLE
1.2 NAME **Pres. Robert W Loafman** ☒ Change ☐ Addition
1.3 STREET ADDRESS **9131 College Pkwy 13B-146**
1.4 CITY-ST-ZIP **Ft. Myers FL 33919**

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

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 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:

Robert Loafman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96
Date

941 481-1222
Deduction Page #

CR2E034 (12/95)