

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63676

(3)

1. Corporation Name

H.J. LEE CONSTRUCTION, INC.

Principal Place of Business

809 E OAK STREET, #106
KISSIMMEE FL 34744
US

Mailing Address

ROUTE 1 BOX 140J
OXFORD FL 34484
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/10/1992

3a. Date of Last Report

05/17/1994

2. Principal Place of Business

21 819 N. Central Ave.

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3141489

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

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

City & State

23 Kissimmee, Florida

City & State

28

Zip

24 33741

Country

25 Osceola

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WHITE, ROBERT B. JR.
225 EAST ROBINSON STREET
SUITE 620
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Philip Tatich

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

601 S. Lake Destiny Road

83

Suite 200

84

Maitland, Florida

FL

85 Zip Code
32751

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 607.0305, Florida Statutes.

SIGNATURE Philip Tatich

05/01/95

Signature, typed or printed name of officer, director, and if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WOOD, JANNA L
STREET ADDRESS ROUTE 1 BOX 140J
CITY-ST-ZIP OXFORD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ 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 exemption under Section 110.07(3)(b), 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: Janna L. Wood, President, 5/1/95 (407) 932-4166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)