

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V63676** (3)

1. Corporation Name

**H.J. LEE CONSTRUCTION, INC.**



Principal Place of Business

**819 N CENTRAL AVE  
KISSIMMEE FL 33741  
US**

Mailing Address

**ROUTE 1 BOX 140J  
OXFORD FL 34484  
US**

2. Principal Place of Business

21 **200 Wonder St.**

Suite, Apt. #, etc.

22

City & State

23 **Wildwood, FL**

Zip

24 **34785**

Country

25 **Sumter**

2a. Mailing Address

26 **200 Wonder St.**

Suite, Apt. #, etc.

27

City & State

28 **Wildwood, FL**

Zip

29 **34785**

Country

30 **Sumter**

3. Date Incorporated or Qualified

**09/10/1992**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-3141489**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**TATICH, PHILIP  
601 S LAKE DESTINY ROAD  
SUITE 200  
MAITLAND FL 32751**

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 chief executive officer

(If 201 L Registered Agent of signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE **P** ☐ DELETE  
NAME **WOOD, JANNA L**  
STREET ADDRESS **ROUTE 1 BOX 140J**  
CITY-ST-ZIP **OXFORD FL 34484**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS **12943 CR 245E**  
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 I do 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:

*Janna L Wood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Janna L. Wood, President**

**3/28/96**

**(352) 330-2462**

Date

Daytime Phone #

CR2E034 (12/95)