

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

FILED

**Feb 06 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # G43036 (4)
1. Corporation Name
FRED LEWIS INC.



Principal Place of Business
**5 FAIRWAY LANE
JACKSONVILLE BCH FL 32250**

Mailing Address
**12930 MT. PLEASANT AVE.
JACKSONVILLE FL 32225-1224
US**

3. Date Incorporated or Qualified
06/01/1983

3a. Date of Last Report
06/03/1996

4. FEI Number
59-2300494

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

2. Principal Place of Business
21 **1495 Mayport Rd**
Suite, Apt. #, etc.

22 City & State
23 **Atl. Bch., Fla**

24 Zip **32233** 25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.

27 City & State
28

29 Zip 30 Country

9. Name and Address of Current Registered Agent
**NOE, WILLIAM G., JR.
599 ATLANTIC BLVD
ATLANTIC BCH FL 32233**

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 _____ (NOTE: Registered Agent signature required when re-appointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, FRED E.	
STREET ADDRESS	5 FAIRWAY LANE	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, JOY K.	
STREET ADDRESS	5 FAIRWAY LANE	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, JOY K.	
STREET ADDRESS	5 FAIRWAY LANE	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Susan Joy Frobos	
13 STREET ADDRESS	12930 Mt Pleasant Rd	
14 CITY-ST-ZIP	Jacksonville, Fla. 32225	
21 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Rodney Allen Lewis	
23 STREET ADDRESS	3819 Mirabel Circle So	
24 CITY-ST-ZIP	Jacksonville, Fla 32217	
31 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Rodney Allen Lewis	
33 STREET ADDRESS	3819 Mirabel Circle So	
34 CITY-ST-ZIP	Jacksonville, Fla 32217	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Susan Joy Frobos	
4.3 STREET ADDRESS	12930 Mt Pleasant Rd	
4.4 CITY-ST-ZIP	Jacksonville, Fla 32225	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Susan J. Frobos / **Susan J. Frobos** 1/28/97 904 221-3469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)