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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 117721 (1)

1. Corporation Name
A.M. LEWIS INCORPORATED

Principal Place of Business
431 OAK AVE
PO BOX 2523
PANAMA CITY FL 32401-2737

Mailing Address
431 OAK AVE
PO BOX 2523
PANAMA CITY FL 32401-2737



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P. O. Box 2523
27 Suite, Apt. #, etc.

23 City & State

28 Panama City, Florida

24 Zip Country

29 32402 USA
30

3. Date Incorporated or Qualified
07/06/1928

3a. Date of Last Report
05/01/1996

4. FEI Number

59-0331900

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

LEWIS, H M
715 BUENA VISTA BLVD
PANAMA CITY FL 32401

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 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 ST
NAME MORPHIS, GERRI
STREET ADDRESS 21 3RD CT.
CITY-ST-ZIP PANAMA CITY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME LEWIS, H M
STREET ADDRESS 715 BUENA VISTA BLVD
CITY-ST-ZIP PANAMA CITY FL

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

TITLE VD
NAME LEWIS, JEAN
STREET ADDRESS 815 BUENA VISTA BLVD.
CITY-ST-ZIP PANAMA CITY FL

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

TITLE VD
NAME MOORE, JOE F
STREET ADDRESS 1200 W. BEACH DR.
CITY-ST-ZIP PANAMA CITY FL

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

TITLE VD
NAME LEWIS, A.M. III
STREET ADDRESS 2716 RUTGERS DR.
CITY-ST-ZIP PANAMA CITY FL

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

TITLE AST
NAME MOORE, NANCY L.
STREET ADDRESS 1200 W. BEACH DR.
CITY-ST-ZIP PANAMA CITY FL

6.1 TITLE
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:

H. MACK LEWIS

4/15/97

(904) 785-7174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)