


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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 117721 (1)</b> 1. Corporation Name <b>A.M. LEWIS INCORPORATED</b>		



Principal Place of Business <b>431 OAK AVE PO BOX 2523 PANAMA CITY FL 32401-2737</b>	Mailing Address <b>PO BOX 2523 PANAMA CITY FL 32402 US</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>07/06/1928</b>	
25		30		4. FEI Number <b>59-0331900</b> Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEWIS, H M 715 BUENA VISTA BLVD PANAMA CITY FL 32401</b>		10. Name and Address of New Registered Agent 81 Name <b>Joe F. Moore</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 W. Beach Drive</b> 83 84 City <b>PANAMA City, FL</b> 85 Zip Code <b>32401</b>	
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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  **Joe F. Moore** 4-27-98  
(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST MORPHIS, GERRI 21 3RD CT. PANAMA CITY FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD LEWIS, H M 715 BUENA VISTA BLVD PANAMA CITY FL	1.2 NAME	<b>Geni Castriotta</b>
STREET ADDRESS	VD LEWIS, JEAN 815 BUENA VISTA BLVD. PANAMA CITY FL	1.3 STREET ADDRESS	<b>701 Redbird Lane</b>
CITY-ST-ZIP	VD MOORE, JOE F 1200 W. BEACH DR. PANAMA CITY FL	1.4 CITY-ST-ZIP	<b>Lynn Haven, Florida 32444</b>
TITLE	VD LEWIS, A.M. III 2716 RUTGERS DR. PANAMA CITY FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AST MOORE, NANCY L 1200 W. BEACH DR. PANAMA CITY FL	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>P/O Joe F. Moore</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1200 W. Beach Drive</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>PANAMA City, Florida 32401</b>
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>V/D A.M. Lewis, III</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>803 JENKS AVENUE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>PANAMA City, Florida 32401</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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  **Joe F. Moore** 4-27-98

CR2E034 (10/97)