

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90216 036 ***150.00

DOCUMENT # 117721

1. Corporation Name

A.M. LEWIS INCORPORATED

Principal Place of Business

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

Mailing Address

PO BOX 2523
PANAMA CITY FL 32402
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1928

4. FEI Number

59-0331900

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 715 Buena Vista Blvd

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 PANAMA City Florida

City & State

28 Zip Country

24 32401

25 USA

29

30

9. Name and Address of Current Registered Agent

MOORE, JOE F.
1200 WEST BEACH DRIVE
PANAMA CITY FL 32401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME CASTRIOTTA, GERI
STREET ADDRESS 701 REDBIRD LANE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE VD ☐ DELETE

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

TITLE PD ☐ DELETE

NAME MOORE, JOE F
STREET ADDRESS 1200 W. BEACH DR.
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE VD ☒ DELETE

NAME LEWIS, A.M. III
STREET ADDRESS 803 JENKS AVE.
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE AST ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS ☒ Change ☐ Addition

1.2 NAME CASTRIOTTA, Geri
1.3 STREET ADDRESS 701 Redbird Lane
1.4 CITY-ST-ZIP LYNN HAVEN, FL 32444

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME Nancy L. Moore
2.3 STREET ADDRESS 1200 W. Beach Drive
2.4 CITY-ST-ZIP PANAMA City, FL 32401

3.1 TITLE VD ☐ Change ☒ Addition

3.2 NAME ELEANOR W. Lewis
3.3 STREET ADDRESS 715 Buena Vista Blvd
3.4 CITY-ST-ZIP PANAMA City, FL 32401

4.1 TITLE T ☐ Change ☒ Addition

4.2 NAME CAEO Jean Wheeler
4.3 STREET ADDRESS P.O. Box 2523
4.4 CITY-ST-ZIP PANAMA City, FL 32402

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe F. Moore

Date

4-21-99

Daytime Phone #

(850) 785-7174

CR2E034 (1/98)