

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90093 043 \*\*\*150.00

**DOCUMENT # 253046**

1. Entity Name

LEWIS MARINE SUPPLY OF CENTRAL FLORIDA, INC.



Principal Place of Business

636 CLEARLAKE RD  
COCOA, FL 32922 US

Mailing Address

PO BOX 21107  
FT LAUDERDALE, FL 33335-1107



04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-0940727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

STEPHENS, JOHN E  
220 SW 32ND STREET  
FT. LAUDERDALE, FL 33315

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEWIS, STEPHEN R  
STREET ADDRESS 220 SW 32ND STREET  
CITY-ST-ZIP FT. LAUDERDALE, FL 33315

TITLE CD  
NAME LEWIS, JAMES R JR  
STREET ADDRESS 220 SW 32ND STREET  
CITY-ST-ZIP FT. LAUDERDALE, FL 33315

TITLE TD  
NAME COLEMAN, CAROLYN E  
STREET ADDRESS 220 SW 32ND STREET  
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE SD  
NAME FRAM, SANDRA L  
STREET ADDRESS 220 SW 32ND STREET  
CITY-ST-ZIP FT. LAUDERDALE, FL 33315

TITLE V  
NAME LEWIS, ALICE O  
STREET ADDRESS 220 SW 32ND ST.  
CITY-ST-ZIP FT LAUDERDALE, FL 33315

TITLE VP  
NAME JOHN E. STEPHENS  
STREET ADDRESS 220 SW 32ND ST  
CITY-ST-ZIP FT. LAUD. FL 33315

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*John E. Stephens* VICE PRESIDENT  
JOHN E. STEPHENS, VICE PRESIDENT

04/21/04

554 767 1235

Date

Daytime Phone #