

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 290049**

1. Entity Name  
**LEWIS & DURRANCE FRUIT CO., INC.**



Principal Place of Business

516 NW 4TH ST.  
P.O. BOX 904  
FORT MEADE, FL 33841

Mailing Address

516 NW 4TH ST.  
P.O. BOX 904  
FORT MEADE, FL 33841



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1088895**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

PAUL W. HAMILTON  
1355 BSPRING COURT  
BARTOW, FL 33830

**DO NOT WRITE  
IN THIS SPACE**

B. 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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PM  
HAMILTON, PAUL W.  
1355 SPRING COURT  
BARTOW, FL 33830

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
LEWIS, JENNETTE  
127 N.E. 1ST STREET  
FORT MEADE, FL 33841

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
HAMILTON, SHARON  
1355 SPRING CT.  
BARTOW, FL 33830

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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05/27/08-80059-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Paul W Hamilton* **PAUL W HAMILTON PM** 4/25/08 863-581-0750