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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 296958

(2)

LEWROY INCORPORATED

LEWHO	ot incorporated									
Principal Pla	Principal Place of Business Mailing Address					{				
1825 MAPLE ORLANDO FI		1825 MAPLEWOOD DR. ORLANDO FL 32803-1524								
						3. Date incorporated or Qualified 09/21/1965	3a. Dat		ast Report	
2. Principal	Prace of Business	2a. Mailing Address				4. FEI Number	- A		Applied Fo	
21		26				59-1111423			Not Applic	
Suite, Ar	ot #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		·	.75 Additionale Required	
City & St	ate	City & State				Election Campaign Financing Trust Fund Contribution			.00 May Be	
Ζ(p)	Zip Country Zip			Country 30		This corporation has liability for Intangible tax under s. 199.03: Florida Statutes				
	9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered A	gent		
CL	JRRY, W.L.		6	1	Name					
1925 MAPLEWOOD DR. ORLANDO FL 32803			8:	2	Street Addres	et Address (P.O. Box Number is Not Acceptable)				
			8	3					·	
			8	4	City		FL	85	Zip Code	
office o	r registered agent, or both, in the S Lam familiar with, and accopt the c	State of Florida. Such change wa	as authorized l	by 1	the corporatio	ration submits this statement for the p on's board of directors. I hereby accep	urpose of of the appo	chanç	ging its registe ent as registe	

SIGNATURE						
SIGNATURE	Signature, typied or printed name of registered agent and lide if applicab	ie (NOTE Re	gistered Agent signature re	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	PO	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	CURRY, WILLIAM L		1.2 NAME			
STREET ADDRESS	1925 MAPLEWOOD DR		1.3 STREET ADDRESS			
City - St - ZiP	ORLANDO FL		1.4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAMÉ	Curry,Harriet H.		2.2 NAME			
STREET ADDRESS	1925 MAPLEWOOD DR		2.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL		2.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE	3.1 TITLE		Change	Addition
NAME	PRIBIL, DAIL C		3.2 NAME			
STREET ADDRESS	1653 ROUNDELAY LANE		3 3 STREET ADDRESS			
CITY - ST - ZIF	WINTER PARK FL		3 4. CITY-ST-ZIP			
TIFLE	•	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			-
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-S1-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			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 trusted empowayed to are useful 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 appears.

407-894 2773

FILED

May 15 1997 8:00am

Secretary of State