

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

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Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 372374 (9)

1. Corporation Name  
LEWARE CONSTRUCTION COMPANY

Principal Place of Business  
925 THOMAS RD.  
P.O. BOX 491616  
LEESBURG FL 34749-8616

Mailing Address  
925 THOMAS RD.  
P.O. BOX 491616  
LEESBURG FL 34749-1616



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1970		3a. Date of Last Report 11/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1305853		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEWARE, JR., JAMES F  
925 THOMAS RD.  
LEESBURG FL 32748

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASV <input type="checkbox"/> DELETE	1.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, ANDREW	1.2 NAME	LAWRENCE, LINDA B
STREET ADDRESS	925 THOMAS ROAD	1.3 STREET ADDRESS	925 THOMAS ROAD
CITY - ST - ZIP	LEESBURG FL	1.4 CITY - ST - ZIP	LEESBURG, FL. 34748
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWARE, ESTHER E	2.2 NAME	LEWARE, SCOTT M
STREET ADDRESS	1407 S 9TH ST	2.3 STREET ADDRESS	925 THOMAS ROAD
CITY - ST - ZIP	LEESBURG FL	2.4 CITY - ST - ZIP	LEESBURG, FL. 34748
TITLE	PTD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWARE, JR, JAMES F	3.2 NAME	LEWARE, ESTHER E
STREET ADDRESS	925 THOMAS ROAD	3.3 STREET ADDRESS	1407 S 9TH STREET
CITY - ST - ZIP	LEESBURG FL	3.4 CITY - ST - ZIP	LEESBURG, FL. 34749
TITLE	ASV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAUGH, KEITH A	4.2 NAME	
STREET ADDRESS	925 THOMAS ROAD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	4.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWARE, SCOTT M	5.2 NAME	
STREET ADDRESS	925 THOMAS ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES F. LEWARE JR. 4/25/97 (352) 787-1616

Date

Daytime Phone #

0408367

CR2E034 (9/96)