

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

DOCUMENT # 372374

1. Corporation Name

LEWARE CONSTRUCTION COMPANY

Principal Place of Business

925 THOMAS RD.

P.O. BOX 491616

LEESBURG FL 34749-0616

Mailing Address

925 THOMAS RD.

P.O. BOX 491616

LEESBURG FL 34749-0616

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90028 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1970

4. FEI Number

59-1305853

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$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 ~~925 THOMAS AVE~~

Suite, Apt. #, etc.

2a. Mailing Address

26 ~~925 THOMAS AVE~~

Suite, Apt. #, etc.

City & State

23 LEESBURG, FL

Zip

Country

City & State

28 LEESBURG, FL

Zip

Country

24 34748-3628

25 LAKE

29 34748-3628

30 LAKE

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

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

☐ DELETE

TITLE PTD  
NAME LEWARE, JAMES F JR  
STREET ADDRESS 925 THOMAS ROAD  
CITY-ST-ZIP LEESBURG FL

TITLE VS  
NAME LEWARE, SCOTT M  
STREET ADDRESS 925 THOMAS RD.  
CITY-ST-ZIP LEESBURG FL

TITLE D  
NAME LEWARE, ESTHER E.  
STREET ADDRESS 1407 S 9TH ST.  
CITY-ST-ZIP LEESBURG FL

TITLE ASV  
NAME WAUGH, KEITH A  
STREET ADDRESS 925 THOMAS ROAD.  
CITY-ST-ZIP LEESBURG FL

TITLE AS  
NAME LEWARE, SCOTT M  
STREET ADDRESS 925 THOMAS ROAD  
CITY-ST-ZIP LEESBURG FL

TITLE AS  
NAME LAWRENCE, LINDA B.  
STREET ADDRESS 925 THOMAS RD.  
CITY-ST-ZIP LEESBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE VAS  
1.2 NAME CLARK, ANDREW M  
1.3 STREET ADDRESS 925 THOMAS AVE  
1.4 CITY-ST-ZIP LEESBURG, FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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

4-22-99

Date

352-787-1616

Daytime Phone #

CR2E034 (11/98)