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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **684173** **(8)**

1. Corporation Name
LEWIS AND DAD, INC.

Principal Place of Business	Mailing Address
313 CROSS STREET PUNTA GORDA FL 33950	313 CROSS STREET PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1980	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2039792	☐ 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. The corporation has [illegible] a charitable tax under S. 196.032, Florida Statutes: X Yes ☐ No	

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29): County (30)

9. Name and Address of Current Registered Agent

HALL, THOMAS P.
3443-D TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City: **FL** 05 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	✓	☑ Change ☐ Addition
NAME	LEWIS, MARK P.	12 NAME	Lewis, Mark P.	
STREET ADDRESS	19 EAST HILL ROAD	13 STREET ADDRESS	14 Firinzi Lane	address change only
CITY ST ZIP	CANTON CT	14 CITY ST ZIP	Farmington, CT	
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	LEWIS, III, JOHN	22 NAME		
STREET ADDRESS	3388 WINDMILL VILLAGE	23 STREET ADDRESS		
CITY ST ZIP	PUNTA GORDA FL	24 CITY ST ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	LEWIS, JOHN F.	32 NAME		
STREET ADDRESS	4231 BUR STREET	33 STREET ADDRESS		
CITY ST ZIP	PORT CHARLOTTE FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] John Lewis III, President 4/12/95 813-637-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0320242 CP