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FILED

Feb 28 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 # 856363 (7)

1. Corporation Name
LEWIS & ASSOCIATES CONSTRUCTION CO., INC.

Principal Place of Business

201 REGENCY COURT
DOTHAN AL 36301
US

Mailing Address

PO BOX 1909
DOTHAN AL 36302-1909
US



3. Date Incorporated or Qualified

05/06/1983

3a. Date of Last Report

05/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

63-0692935

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ROBERTS, JOHN E.
327 E LAFAYETTE ST.
MARIANNA FL 32448

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 of registered agent or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEWIS, RALPH D.	
STREET ADDRESS	206 GIRARD AVE.	
CITY-STATE-ZIP	DOTHAN AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEWIS, CHARLOTTE K	
STREET ADDRESS	206 GIRARD AVE	
CITY-STATE-ZIP	DOTHAN AL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TEW, JAMES H	
STREET ADDRESS	1305 CONTI RD	
CITY-STATE-ZIP	DOTHAN AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEWIS, RALPH D. JR.	
STREET ADDRESS	202 BOYCE	
CITY-STATE-ZIP	DOTHAN AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST JAMES H. TEW
3.3 STREET ADDRESS	306 WILLOW OAKS
3.4 CITY-STATE-ZIP	HEADLAND, AL 36345
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RALPH DON LEWIS, JR
4.3 STREET ADDRESS	18 WOODMERE
4.4 CITY-STATE-ZIP	DOTHAN, AL 36301
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MICHAEL T. LEWIS
5.3 STREET ADDRESS	408 MONTEZUMA
5.4 CITY-STATE-ZIP	DOTHAN, AL 36303
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

James H Tew

JAMES H TEW SECRETARY

2/25/97

(334) 794-8671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0476563

CR2E034 (9/96)