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FILED
Mar 21 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 # F12932

(2)

1. Corporation Name

SUE LEWIS CONSULTANTS, INC.

Principal Place of Business

4414 CALM WATER CT.
ORLANDO FL 32817
US

Mailing Address

4414 CAM WATER COURT
ORLANDO FL 32817
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
12/17/1980

3a. Date of Last Report
04/25/1996

4. FEI Number

59-2085449

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

LEWIS, SUE B
4414 CALM WATER COURT
ORLANDO FL 32817

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 type for person who is not a registered agent and file it applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
LEWIS, SUE B.
4414 CALM WAER CT
ORLANDO FL

12 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MORGAN, SUSAN C
11400 FANGORN ROAD
ORLANDO FL

13 TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMAS, E.L. TOMMY
705 WEST 15TH STREET
PANAMA CITY FL

14 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
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:

Sue B. Lewis SUE B. LEWIS

3-18-97 407-382-8212

CR2E034 (9/96)