FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:29

DOCUMENT # **F35822** (8)

1. Corporation Name
TABOR-LEWIS CORPORATION

Principal Place of Business	Mailing Address
4710 ACORN CR SARASOTA FL 34233	4710 ACORN CR SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/21/1981
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29
Country — 30

4. FEI Number: 59-2096724 ☐ 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

BERG, WALTER H., JR
813 E BLOOMINGDALE AVE, SUITE 128
BRANDON 33511

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 any person signing on behalf of Agent) (NOTE: Registered Agent signature required when not making) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	LEWIS, WILLIAM C	12 NAME	
STREET ADDRESS	2072 S. FALCON RUN LANE	13 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CREIGHTON, FREDERICK	22 NAME	
STREET ADDRESS	701 FOX CLIFF CT	23 STREET ADDRESS	
CITY-ST-ZIP	SMYRNA GA	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SCHUMAKER, MARY LOVE	32 NAME	
STREET ADDRESS	977 SEMINOLE TRAIL, #326	33 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	HUDGINS, MARTHA LOUISE	42 NAME	
STREET ADDRESS	261 BLUE SKY DR, NE	43 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	BERG, ANN L	52 NAME	
STREET ADDRESS	813 E BLOOMINGDALE S-128	53 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	WOODRUFF, DIAN C.	62 NAME	
STREET ADDRESS	4710 ACORN CIR	63 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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: Dian C. Woodruff Jan. 13, 1995 813-653-7561
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0340180 CP