

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F35822 (8)  
1. Corporation Name  
TABOR-LEWIS CORPORATION

Principal Place of Business  
4710 ACORN CR  
SARASOTA FL 34233

Mailing Address  
4710 ACORN CR  
SARASOTA FL 34233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/21/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2096724	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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  
85 Zip Code

Dian C. Woodruff  
4710 Acorn Circle  
Sarasota FL 34233

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 *Dian C. Woodruff* (NOTE: Registered Agent signature required when reinstating) DATE Feb. 24, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
VD	LEWIS, WILLIAM C	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
POST OFFICE BOX 1951 N/A		1.3 STREET ADDRESS	
MIDDLEBURG FL		1.4 CITY-ST-ZIP	
VD	CREIGHTON, FREDERICK	2.1 TITLE	
701 FOX CLIFF CT		2.2 NAME	
SMYRNA GA		2.3 STREET ADDRESS	
VD	SCHUMAKER, MARY LOVE	2.4 CITY-ST-ZIP	
511 NORTH FIRST STREET UNIT 601		3.1 TITLE	
CHARLOTTESVILLE VA		3.2 NAME	
VD	HUDGINS, MARTHA LOUISE	3.3 STREET ADDRESS	
261 BLUE SKY DR, NE		3.4 CITY-ST-ZIP	
MARIETTA GA		4.1 TITLE	
VD	BERG, ANN L	4.2 NAME	
813 E BLOOMINGDALE S-128		4.3 STREET ADDRESS	
BRANDON FL		4.4 CITY-ST-ZIP	
P	WOODRUFF, DIAN C.	5.1 TITLE	
4710 ACORN CIR		5.2 NAME	
SARASOTA FL		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.

SIGNATURE: *Dian C. Woodruff* 1-941-922-7541  
Feb. 24, 1998

CR2E034 (10/97)