

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 3-12-96

B-

2109

C

DOCUMENT # F49141

(7)

1. Corporation Name

LEWFAM, INC.



Principal Place of Business

Mailing Address

105 NORTH OHIO AVENUE
P.O. BOX 8
LIVE OAK FL 32060

105 NORTH OHIO AVENUE
P.O. BOX 8
LIVE OAK FL 32060

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified
10/09/1981

3a. Date of Last Report
04/19/1995

4. FEI Number

59-2234281

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

10. Name and Address of New Registered Agent

LEWIS, C DEAN
ROUTE 10, BOX 230
LIVE OAK FL 32060

81 Name

LEWIS, C. DEAN

82 Street Address (P.O. Box Number is Not Acceptable)

10676 U.S. 129 SOUTH

83

84 City

LIVE OAK

FL

85 Zip Code
32060

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

DEAN LEWIS

(NOTE: Registered Agent signature required when reinstating)

3/6/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD ☐ DELETE

NAME LEWIS, EMMA LU
STREET ADDRESS ROUTE 10, BOX 230
CITY-STATE-ZIP LIVE OAK, FLORIDA 32060

TITLE V ☐ DELETE

NAME HOGAN, FAYE R
STREET ADDRESS ROUTE 1 BOX 57
CITY-STATE-ZIP LIVE OAK, FLORIDA 32060

TITLE PD ☐ DELETE

NAME LEWIS, C DEAN
STREET ADDRESS ROUTE 10, BOX 230
CITY-STATE-ZIP LIVE OAK, FLORIDA 32060

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE STD ☐ Change ☐ Addition

1.2 NAME LEWIS, EMMA LU
1.3 STREET ADDRESS 10676 U.S. 129 SOUTH
1.4 CITY-STATE-ZIP LIVE OAK, FLORIDA 32060

2.1 TITLE V ☐ Change ☐ Addition

2.2 NAME HOGAN, FAYE R.
2.3 STREET ADDRESS 10592 52ND TERRACE
2.4 CITY-STATE-ZIP LIVE OAK, FLORIDA 32060

3.1 TITLE PD ☐ Change ☐ Addition

3.2 NAME LEWIS, C. DEAN
3.3 STREET ADDRESS 10676 U.S. 129 SOUTH
3.4 CITY-STATE-ZIP LIVE OAK, FLORIDA 32060

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN LEWIS

3/6/96

Date

904/362-1411

Daytime Phone #

CR2E034 (12/95)