

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

FILED

Feb 06 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 # **G43036** (4)

1. Corporation Name  
**FRED LEWIS INC.**

Principal Place of Business  
**5 FAIRWAY LANE  
JACKSONVILLE BCH FL 32250**

Mailing Address  
**12930 MT. PLEASANT AVE.  
JACKSONVILLE FL 32225-1224  
US**



2. Principal Place of Business  
21 **1495 Mayport Rd**  
Suite, Apt. #, etc.

2a. Mailing Address  
26  
Suite, Apt. #, etc.

City & State  
23 **Atl. Bch., Fla**

City & State  
27  
City & State

Zip Country  
24 **32233** 25

Zip Country  
29 30

3. Date Incorporated or Qualified  
**06/01/1983**

3a. Date of Last Report  
**06/03/1996**

4. FEI Number  
**59-2300494**

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

**NOE, WILLIAM G., JR.  
599 ATLANTIC BLVD  
ATLANTIC BCH FL 32233**

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	LEWIS, FRED E.	5 FAIRWAY LANE	JACKSONVILLE BCH FL	<input checked="" type="checkbox"/>
VST	LEWIS, JOY K.	5 FAIRWAY LANE	JACKSONVILLE BCH FL	<input checked="" type="checkbox"/>
D	LEWIS, JOY K.	5 FAIRWAY LANE	JACKSONVILLE BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
President	Susan Joy Frobos	12930 Mt Pleasant Rd	Jacksonville, Fla 32225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Rodney Allen Lewis	3819 Mirabel Circle So	Jacksonville, Fla 32217	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Rodney Allen Lewis	3819 Mirabel Circle So	Jacksonville, Fla 32217	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Susan Joy Frobos	12930 Mt Pleasant Rd	Jacksonville, Fla 32225	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Susan J. Frobos* / Susan J. Frobos 1/28/97 904 221-3469

CR2E034 (9/96)