

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G47408** (1)

1. Corporation Name

LEWIS-OBER, INC.



Principal Place of Business

% RAYMOND F. LEWIS
515 DEW DROP COVE
CASSELBERRY FL 32707

Mailing Address

% RAYMOND F. LEWIS
515 DEW DROP COVE
CASSELBERRY FL 32707

3. Date Incorporated or Qualified
07/06/1983

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

21 **1437 N. ATLANTIC AVE**

Suite, Apt. #, etc.

22 **#403**

City & State

23 **DAYTONA BEACH FL**

Zip

24 **32118**

Country

25 **VOLUSIA**

2a. Mailing Address

26 **1437 N. ATLANTIC AVE**

Suite, Apt. #, etc.

27 **#403**

City & State

28 **DAYTONA BEACH FL**

Zip

29 **32118**

Country

30 **VOLUSIA**

4. FEI Number

59-2302771

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, RAYMOND FREDERICK
515 DEW DROP COVE
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name

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

1437 N. ATLANTIC AVE

83 **#403**

84 City **DAYTONA BEACH**

FL

85 Zip Code **32118**

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 file of application

(NOTE: Registered Agent signature required when removing)

(PWR)

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **LEWIS, RAYMOND**
STREET ADDRESS **515 DEW DROP COVE**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **V** ☐ DELETE

NAME **LEWIS, BARBARA**
STREET ADDRESS **515 DEW DROP COVE**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **ST** ☐ DELETE

NAME **LEWIS, SHIRLI**
STREET ADDRESS **2224 EASTBROOK BLVD.**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **1437 N. ATLANTIC AVE #403**
1.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **1437 N. ATLANTIC AVE #403**
2.4 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS
6.4 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)(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:

Raymond F. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 **904-253-4158**
Date Time Filed #

CR2E034 (12/95)