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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:06

DOCUMENT # **G61311** (8)

1. Corporation Name
TOM C. LEWIS, INC.

Principal Place of Business Mailing Address
1010 SOUTHWEST PINE AVE. OCALA FL 32671 4214
1010 SW PINE AVENUE OCALA FL 34474 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/26/1983	3a. Date of Last Report 03/21/1994
4. FEI Number 59-2326086	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1010 S.W. Pine Ave. OCALA <small>Suite, Apt. #, etc.</small>	26 1010 S.W. Pine Ave. <small>Suite, Apt. #, etc.</small>
22 <small>City & State</small> OCALA Florida	27 <small>City & State</small> OCALA Florida
23 <small>Zip Country</small> 34474 MARION	29 <small>Zip Country</small> 34474 MARION

9. Name and Address of Current Registered Agent LEWIS, TOMMY D. 527 SE 39TH TERR OCALA FL 32671		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		FL	B5 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 Tommy D. Lewis Tommy D. Lewis
Signature, typed or printed name of registered agent and title (if applicable) Registered Agent signature (typed or printed name of the state)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, TOMMY D	1.2 NAME	1.2 NAME	
STREET ADDRESS 527 SE 39 TERR	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY- ST- ZIP OCALA FL	1.4 CITY- ST- ZIP	1.4 CITY- ST- ZIP	
TITLE VS	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, LORI L	2.2 NAME	2.2 NAME	
STREET ADDRESS 527 SE 39 TERR	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY- ST- ZIP OCALA FL	2.4 CITY- ST- ZIP	2.4 CITY- ST- ZIP	
TITLE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY- ST- ZIP	3.4 CITY- ST- ZIP	3.4 CITY- ST- ZIP	
TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY- ST- ZIP	4.4 CITY- ST- ZIP	4.4 CITY- ST- ZIP	
TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY- ST- ZIP	5.4 CITY- ST- ZIP	5.4 CITY- ST- ZIP	
TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY- ST- ZIP	6.4 CITY- ST- ZIP	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 199.032, Florida Statutes. I have read the information indicated on this annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath, and that I am authorized to receive this report as required by Chapter 407, Florida Statutes, and that my name is printed on Block 13 if changed, or on an attachment with an address.

SIGNATURE Tommy D. Lewis Tommy D. Lewis **1/10/95** **(904) 629-3788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR