

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90006 019 ***150.00

DOCUMENT # H05816

1. Corporation Name

CRAIG C. LEWIS, D.D.S., P.A.

Principal Place of Business

**914 EMMETT STREET
KISSIMMEE FL 34741**

Mailing Address

**914 EMMETT STREET
KISSIMMEE FL 34741**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1984

4. FEI Number

59-2433819

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**LEWIS, CRAIG C
1950 GROVE CT
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent

81 Name

Lewis, Craig C.

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

1757 Lee Janzen Dr

83

84 City

Kissimmee

FL

85 Zip Code

34744

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

JoAnna Lewis

See Treas

2-2-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **LEWIS, CRAIG C.**
STREET ADDRESS **1950 GROVE CT.**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **D** ☐ DELETE
NAME **LEWIS, CRAIG C.**
STREET ADDRESS **1950 GROVE CT.**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **STD** ☐ DELETE
NAME **LEWIS, JO A**
STREET ADDRESS **1950 GROVE CT.**
CITY-ST-ZIP **KISSIMMEE 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 **P** ☒ Change ☐ Addition
1.2 NAME **Lewis, Craig C**
1.3 STREET ADDRESS **1757 Lee Janzen Dr**
1.4 CITY-ST-ZIP **Kissimmee, FL 34744**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Lewis, Craig C**
2.3 STREET ADDRESS **1757 Lee Janzen Dr**
2.4 CITY-ST-ZIP **Kissimmee, FL 34744**

3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME **Lewis, Jo A**
3.3 STREET ADDRESS **1757 Lee Janzen Dr**
3.4 CITY-ST-ZIP **Kissimmee, FL 34744**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)