

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

FILED

May 18 1998 8:00am
Secretary of State

• PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H14017** (8)

1. Corporation Name
LEWIS ENTERPRISES OF PINELLAS, INC.

Principal Place of Business 34888 U.S. 19 NORTH PALM HARBOR FL 34684	Mailing Address 34888 U.S. 19 NORTH PALM HARBOR FL 34684
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/26/1984	
4. FEI Number 59-2461776		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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LEWIS, DAVID C 34888 U.S. 19 NORTH PALM HARBOR FL 34687				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	STREET ADDRESS	11 TITLE	
CITY-ST-ZIP	CITY-ST-ZIP	12 NAME	
		13 STREET ADDRESS	
		14 CITY-ST-ZIP	
		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-29-98 8/3-786-1915
Daytime Phone: 0657360

CR2E034 (10/97)