## 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

## DOCUMENT #

| DOCUMENT # H821  1. Corporation Name  MANAUSA LEWIS AND DODSO                  |  |
|--|--|
| Principal Place of Business<br>2074 RAYMOND DIEHL ROAD<br>TALLAHASSEE FL 32308 | Mailing Address 2074 RAYMOND DIEHL ROAD TALLAHASSEE FL 32308 |
| 2. Principal Place of Business 21 Suite, Apt. #, etc.                          | 2a. Mailing Address 26 Suite, Apt. #, etc. 27                |
| City & State   | City & State   |

**FILED** Jan 25, 1999 8:00am **Secretary of State** 

01-25-1999 90053 022 \*\*\*158.75



| rincipal Place o                     | of Business  | Mailing Address                 |                                      |  |  |                     | ·, · · ·   |
|--------------------------------------|--|---------------------------------|--------------------------------------|--|--|---------------------|------------|
|                                      |  | 2074 RAYMOND DIEHL F            | OAD                                  |  | •  |                     |            |
| 1)/4 HATMUND DIENE NORD              |  | DO NOT WRITE IN TH              | IS SPACE                             |  |  |                     |            |
| ALLAHASSEE FL                        | . 32308  | ,                               |                                      |  |  |                     |            |
|                                      |  |                                 |                                      |  | 3. Date Incorporated or Qualifed   |                     | ļ          |
|                                      |  |                                 |                                      |  | 10/23/1985   |                     |            |
|                                      |  |                                 |                                      |  | 4. FEI Number  | Applied             | For        |
| 2. Principal Plac                    | ce of Business                                     | 2a. Mailing Address             |                                      |  | 59-2597895   | Not Ap              | olicable   |
| (                                    |  | 26                              |                                      | ·  | \$8.75 Addit   | ional               |            |
| 1                                    |  | Suite, Apt. #, etc.             |                                      | 5. Certifcate of Status Desired                                  | Fee Require  |                     |            |
| Suite, Apt. #,                       | , etc.   | <b>├</b> ¬₁                     |                                      |  |  |                     |            |
| 2ĺ                                   |  | 27   City & State               |                                      | 6. Election Campaign Financing                                   | \$5.00 May   |                     |            |
| City & State                         |  | - <del> -</del> ¬ ′             |                                      | Trust Fund Contribution  | Added to Fe  | ees                 |            |
| 3                                    | <u> </u>   | 28                              |                                      | 8. This corporation owes the current year                        | Intangible   | ì                   |            |
| Zip                                  | Country  | Zip                             | Zip Country                          |  |  |                     |            |
| — ·                                  | 25   | 29                              | 30                                   |  | Personal Property Tax.   | ad Agent            |            |
| 4                                    | 9. Name and Address of Curren                      |                                 |                                      | T  | 10. Name and Address of New Register   | ed Agoin            |            |
|                                      | 9. Name and Address of Culter                      | it Registatou i go              |                                      | 81 Name  |  |                     | Ì          |
|                                      |  |                                 |                                      | \  | - La La La Marchania   |                     | -          |
| MANA                                 | AUSA, C. TRENT                                     |                                 |                                      | 82 Street Ad   | dress (P.O. Box Number is Not Acceptable)  |                     |            |
| 806 F                                | PIEDMONT DRIVE                                     | 1                               |                                      | L  |  |                     | 1 11       |
| TALL                                 | AHASSEE FL 32312                                   |                                 |                                      | 83   |  |                     | 2 2        |
| (ALL                                 | AI IAGOLL 1 L GLG1L                                |                                 |                                      |  |  | 85 Zip Cod          | е,         |
|                                      |  |                                 |                                      | 84 City  | 1. 大水 电二轮 计  | خرن کی ا تا 'دا ا   |            |
|                                      |  |                                 |                                      |  | the this statement for the DUIDOS  | of changing its reg | istered;   |
| <del></del>                          | the provisions of Sections 607.050                 | 02 and 607.1508, Florida St     | atutes, the a                        | above-named co   | orporation submits this statement for the purpos ation's board of directors. I hereby accept the a | pointment as regist | ered       |
| 11. Pursuant t                       | edistered agent, or both, in the State             | of Florida. Such change Wa      | as authorize                         | tutes  | allori a bould of direction  | , ,                 |            |
| agent. I ar                          | m familiar with, and accept the obliga             | ations of, Section 607 0505,    | PIUIUA SIA                           |  | me D   | 49-                 | }          |
|                                      | 1 1 a LL TA  | uauaa -                         | <del></del>                          | ent wan  |  |                     |            |
| SIGNATURE                            | Signature, typed or printed name of registered age | ent and title if applicable. (I |                                      |  | ADDITIONS/CHANGES TO OFFICER   | S AND DIRECTORS     | IN 12      |
| 12.                                  | OFFICERS A   | ND DIRECTORS                    | 13.                                  |  | ADDITIONAL   | ☐ Change            | ☐ Addition |
|                                      | PT   | ☐ DELETI                        | 1.1 (                                | TITLE .  |  |                     | Į          |
| TITLE                                |  |                                 | 1.2 }                                | NAME   |  |                     |            |
| NAME.                                | MANAUSA, C. TRENT                                  |                                 | 4.2.5                                | STREET ADDRESS   |  |                     | ì          |
| STREET ADDRESS                       | 806 PIEDMONT DR.                                   |                                 |                                      | ì  |  |                     |            |
|                                      | TALLAHASSEE FL                                     |                                 |                                      | CITY-ST-ZIP  |  | Change              | ☐ Addition |
| CITY-ST-ZIP                          | S  | ☐ DELET                         | E 2.1                                | TITLE  |  |                     | ì          |
| ΠTLE                                 |  |                                 | 2.2                                  | NAME   |  |                     | Į.         |
| NAME                                 | MANAUSA, MARY LOU                                  |                                 | 22                                   | STREET ADDRESS   |  |                     |            |
| STREET ADDRESS                       | 806 PIEDMONT DR.                                   | ·                               | 1                                    |  |  |                     |            |
|                                      | TALLAHASSEE FL                                     |                                 |                                      | CITY-ST-ZIP  |  | ☐ Change            | ☐ Addition |
| CITY-ST-ZIP                          | V  | ☐ DELET                         | E 3.1                                | TITLE  |  |                     | l          |
| TITLE                                |  |                                 | 3.2                                  | NAME   |  |                     | j          |
| NAME                                 | LEWIS, RANDOLPH G.                                 |                                 | 22                                   | STREET ADDRESS   |  |                     | 13.        |
| STREET ADDRESS                       | 2787 ARMISTEAD ROAD                                |                                 |                                      |  |  |                     |            |
| _                                    | TALLAHASSEE FL                                     |                                 |                                      | I. CITY-ST-ZIP   |  | Change /            | ☐ Addition |
| CITY-ST-ZIP                          |  | ☐ DELE                          | [E 4.1                               | TITLE  |  |                     |            |
| TITLE                                | 1.   |                                 | 4.3                                  | 2 NAME   |  |                     |            |
| NAME .                               |  | •                               | 4.2                                  | 3 STREET ADDRESS   |  |                     |            |
| STREET ADDRESS                       | s  |                                 |                                      |  |  |                     |            |
|                                      |  |                                 | 4.4                                  | 4 CITY-ST-ZIP  |  | Change              | ☐ Addition |
| CITY-ST-ZIP                          |  |                                 |                                      |  |  |                     |            |
| ******                               |  | . DELE                          | TE 5.1                               | 1 TITLE  |  | Oracingo            |            |
| TITLE                                |  | . DELE                          | TE 5.1                               | 1 TITLE<br>2 NAME  |  | □ Overide           |            |
| TITLE<br>NAME                        |  | . DELE                          | TE 5.1                               | 2 NAME   |  | □ Orange            | -          |
| NAME                                 | 3  | . DELÉ                          | TE 5.1<br>5.1<br>5.1                 | 2 NAME<br>3 STREET ADDRESS                                       |  | Ourninge            | · · ·      |
| NAME<br>STREET ADDRES                | s  | -                               | TE 5.1<br>5.2<br>5.1<br>5.1          | 2 NAME<br>3 STREET ADORESS<br>4 CITY-ST-ZIP                      |  |                     | Addition   |
| NAME<br>STREET ADDRES<br>CITY-ST-ZIP | S  | - DELE                          | TE 5.1<br>5.2<br>5.1<br>5.1          | 2 NAME<br>3 STREET ADDRESS                                       |  | ☐ Change            | ☐ Addition |
| NAME<br>STREET ADDRES                | s  | -                               | TE 5.5<br>5.3<br>5.5<br>5.7<br>TE 6. | 2 NAME<br>3 STREET ADORESS<br>4 CITY-ST-ZIP                      |  |                     | ☐ Addition |
| NAME<br>STREET ADDRES<br>CITY-ST-ZIP | S  | -                               | TE 5.5<br>5.2<br>5.3<br>5.7<br>TE 6. | 2 NAME<br>3 STREET ADDRESS<br>4 CITY-ST-ZIP<br>1 TITLE<br>2 NAME |  |                     | ☐ Addition |
| NAME STREET ADDRES CITY-ST-ZIP TITLE |  | -                               | TE 5.5<br>5.2<br>5.3<br>5.7<br>TE 6. | 2 NAME<br>3 STREET ADDRESS<br>4 CITY-ST-ZIP<br>1 TITLE           |  |                     | ☐ Addition |

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.