

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

3-1-95 6-2667
CORPORATION
ANNUAL REPORT
1995



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

APPROVED AND FILED

95 MAY -1 PM 1:26-

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # J17975 (0)
 1. Corporation Name
W. CHRIS LEWIS AND ASSOCIATES, INC.

Principal Place of Business Mailing Address
P.O. BOX 1000 P.O. BOX 1000
HIGHWAY 27 & 129 HIGHWAY 27 & 129
BRANFORD FL 32008 BRANFORD FL 32008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/06/1986** 3a. Date of Last Report **08/17/1994**
 4. FEI Number **59-2695686** 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
CLESI, DUSTIN M.
CORNER US 27 & 129
BRANFORD FL 32008
 10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	LEWIS, W. CHRIS	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HWY. 129 & 27, BOX 1000	1.2 NAME	
STREET ADDRESS	BRANFORD FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE TS	CLESI, DUSTIN M.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HWY 129 & 27 BOX 1000	2.2 NAME	
STREET ADDRESS	BRANFORD FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE D	LEWIS, JIMME C.	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1933 KANAWHA DRIVE	3.2 NAME	
STREET ADDRESS	STONE MOUNTAIN GA	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 110.07(3)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE: Dustin M. Clesi **4/25/95** **904-935-2283**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type in Block 13)