

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J17975 (0)**

1. Corporation Name

W. CHRIS LEWIS AND ASSOCIATES, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/06/1986	05/01/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2695686	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	<input type="checkbox"/>
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
CLES, DUSTIN M. CORNER US 27 & 129 BRANFORD FL 32008				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLES, DUSTIN M. CORNER US 27 & 129 BRANFORD FL 32008				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Dustin M. Cles* (Typed Name) DATE: **4-26-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LEWIS, W. CHRIS		1.2 NAME				
STREET ADDRESS	HWY. 129 & 27, BOX 1000		1.3 STREET ADDRESS				
CITY-ST-ZIP	BRANFORD FL		1.4 CITY-ST-ZIP				
TITLE	TS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CLES, DUSTIN M.		2.2 NAME				
STREET ADDRESS	HWY 129 & 27 BOX 1000		2.3 STREET ADDRESS				
CITY-ST-ZIP	BRANFORD FL		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LEWIS, JIMMIE C.		3.2 NAME				
STREET ADDRESS	1933 KANAWHA DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	STONE MOUNTAIN GA		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 119.07(3)(k), 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: *Dustin M. Cles* (Typed Name) DATE: **4-26-96** 904-935-2283

CR2E034 (12/95)