

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **J83610**
1. Corporation Name
GREG LEWIS CUSTOM HOMES, INC.

(2)



Principal Place of Business
**9651 CHUMUCKLA SPRINGS
JAY FL 32565**

Mailing Address
**9651 CHUMUCKLA SPRINGS
JAY FL 32565**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/15/1987

2. Principal Place of Business
21 **9651 CHUMUCKLA SPRINGS**
Suite, Apt. #, etc.

2a. Mailing Address
26 **9651 CHUMUCKLA SPRINGS**
Suite, Apt. #, etc.

4. FEI Number
59-2875165
Applied For
Not Applicable

22 City & State
23 **JAY, FL 32565**
Zip Country

27 City & State
28 **JAY, FL 32565**
Zip Country

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, LAURA
9651 CHUMUCKLA SPRINGS RD.
JAY FL 32565**

81 Name
LEWIS, LAURA
82 Street Address (P.O. Box Number is Not Acceptable)
9651 CHUMUCKLA SPRINGS RD.
83
84 City
JAY **FL** 85 Zip Code
32565

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	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D			<input type="checkbox"/>
	LEWIS, GREG			
	9651 CHUMUCKLA SPRINGS RD.			
	JAY FL 32565			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	D			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	LEWIS, GREG				
	9651 CHUMUCKLA SPRINGS RD.				
	JAY, FL 32565				
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Greg Lewis* (Vice-President) *1-31-98* *850 994-4868*

CR2E034 (10/97)