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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**  Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90145 046 \*\*\*150.00

DOCUMENT # J83610

GREG LEWIS CUSTOM HOMES, INC.

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9651 CHUMCKL	A SPRINGS			51 CHUMCKLA SPRING	S				•			
JAY FL 32565			JA	Y FL 32565				1	DO NOT WRI	TE IN THIS	SPACE	
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2. Principal Pl	ace of Busin	less	$\vdash$	<ul> <li>Mailing Address</li> </ul>				•			$\longrightarrow$	
21			26						<u>59-2875165</u>			lot Applicable
Suite, Apt.	#, etc.		<u> </u>	Suite, Apt. #, etc.				١,	5. Certificate of Status Desired			Additional Required
22			27		- <del></del>							
City & State				City & State				•	6. Election Campaign Financing			May Be
23			28						Trust Fund Contribution			to Fees
Zip		Country		Zip		intry		1	<ol><li>This corporation owes the curr</li></ol>	ent year Int		
24		25	29		30				Personal Property Tax.		X Yes	□No
	9. Name	and Address of Currer	nt Regis	stered Agent		Щ,		10	<ol><li>Name and Address of New F</li></ol>	egistered .	Agent	
		<del></del>	_			81	Name					}
	is, laura					82	Street /	Address	(P.O. Box Number is Not Accepta	ible)		
9651	CHUMCK	la springs RD.					Sueera	nuuless I	(F.O. Box Nambon is not Accepte	ibic)		ľ
JAY	FL 32565					83	_					
						84	City			FL	85 Zip	Code
11. Pursuant	to the provis	ions of Sections 607 050	12 and 6	307.1508. Florida Stat	utes, the a	bove	e-named o	corporati	ion submits this statement for the	purpose of	changing it	s registered
office or n	egistered ag	ent, or both, in the State	of Flori	da. Such change was	authorized	d by	the corpo	oration's	board of directors. I hereby accept	it the appoi	ntment as r	egistered
agent. I a	m familiar w	ith, and accept the obliga	ations of	f, Section 607.0505, F	ionda Stat	utes.						
1												
SIGNATURE				410	n					DATE		
	Signature, typed	or printed name of registered age			TE: Registered	d Agen	t signature re	edw beniupe		DATE FICERS AN	ID DIRECT	ORS IN 12
12.		or printed name of registered age OFFICERS AN		ECTORS	13.		t signature re	equired whe	n reinstating) ADDITIONS/CHANGES TO OF			
12.	D	OFFICERS AN			13. 1.1 Ti	TLE		P	ADDITIONS/CHANGES TO OF	FICERS AN	<b>□</b> ehange	Addition
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS