Feb 09, 1999 8:00 am Secretary of State

02-09-1999 90008 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J95928 1. Corporation Name

LEWIS METALS, INC.							
Principal Place of Business	Mailing Address			-		Hall blair blair blair	
% WAYNE LEWIS 2311 INDUSTRIAL DRIVE	% WAYNE LEWIS 2311 INDUSTRIAL DRIVE				 		
PANAMA CITY FL 32405 PANAMA CITY FL 32405					DO NOT WRITE IN THIS	SPACE	
				3.	Date Incorporated or Qualifed 10/01/1987		
Principal Place of Business 2a. Mailing Address		•	•		FEI Number		ed For
Suite, Apt. #, etc.	Suite, Apt. #, etc.				59-2849725		Applicable
22	27					\$8.75 Add Fee Requ	iired
City & State	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F	
Zip Country 25	Zip 29	Country 30		8.	This corporation owes the current year Into Personal Property Tax.]No
9. Name and Address of Current	Registered Agent	· .		10.	Name and Address of New Registered	Agent	
LEWIS WAYNE		81	Name				
LEWIS, WAYNE 2311 INDUSTRIAL DRIVE		82	82 Street Addre		(P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32405		83				14 14 14	1
		84	City	···	FI	85 Zip Coo	de de
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	and 607.1508, Florida Statute f Florida. Such change was au ons of, Section 607.0505, Flori	s, the above- thorized by thick statutes.	named corporation	oration on's bo	n submits this statement for the purpose of and of directors. I hereby accept the appoin	changing its reg ntment as regis	gistered tered
agent. I am familiar with, and accept the obligation SIGNATURE	ons of, Section 607.0505, Flori	ida Statutes.		!		changing its rec ntment as regis	gistered tered
agent. I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of registered agent is	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 6	ida Statutes. Registered Agent		d when re	ainstating) DATE		
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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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the co Block 12 or Block 13 if cha address, with all other like empowers

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

DELETE

817-769-1336

☐ Change

☐ Addition