2004 FOR PROFIT CORPORATION

Feb 09, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # J95928** 02-09-2004 90032 049 ***150.00 LEWIS METALS, INC. Principal Place of Business Mailing Address % WAYNE LEWIS % WAYNE LEWIS 2311 INDUSTRIAL DRIVE 2311 INDUSTRIAL DRIVE PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 No Cha-P CR2E034 (10/03) 01122004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2849725 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LEWIS, WAYNE 2311 INDUSTRIAL DRIVE PANAMA CITY, FL 32405 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEWIS, WAYNE 2311 INDUSTRIAL DRIVE STREET ADDRESS PANAMA CITY, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. 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 report or supplemental 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 of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver of trusted changed, or on an attachment wi

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2IP

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