FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K08567** **(5)**

1. Corporation Name

LEWIS' 8001 ENTERPRISES INC.

Principal Place of Business	Mailing Address
LOT #2 8001 W.E. FERTIC DRIVE SEFFNER FL 33584-9622 US	LOT #2 8001 W.E. FERTIC DRIVE SEFFNER FL 33584-9622 US

3. Date Incorporated or Qualified: **12/23/1987**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 8001 W.E. Fertic Dr.
Suite, Apt. #, etc.
22 Lot #2
City & State
23 Seffner, Florida
Zip 24 33584 Country 25 Hillsborough

2a. Mailing Address
26 8001 W.E. Fertic Dr
Suite, Apt. #, etc.
27 Lot #2
City & State
28 Seffner, Florida
Zip 29 33584 Country 30 Hillsborough

4. FEI Number: **59-2860066** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEWIS, MARY E.
8001 W.E. FERTIC DR.
LOT #2
SEFFNER FL 33584

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, JERRY A.		1.2 NAME		
STREET ADDRESS	8001 W.E. FERTIC DR., LOT #2		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL 33584		1.4 CITY-ST-ZIP		
TITLE	PS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, MARY E.		2.2 NAME		
STREET ADDRESS	8001 W.E. FERTIC DR., LOT #2		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL 33584		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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)(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: Mary E. Lewis 3-1-96 813-628-4484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)