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

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PROFIT CORPORATION **ANNUAL REPORT**

1997

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Country

9. Name and Address of Current Registered Agent

25

LEWIS. MARY E. 8001 W.E. FERTIC DR.

SEFFNER FL 33584

LOT #2

POCUMENT # KO856 LEWIS' 8001 ENTERPRISES INC.						
Principal Place of Business	Mailing Address					
8001 W.E. FERTIE DRIVE LOT 2 SEFFNER FL 33584	9001 W.E. FERTIE DRIVE LOT 2 SEFFNER FL 33584-2660					
ÜS	US	 Date Incorporated or Qualified 12/23/1987 	3a. Date of Last Report 03/06/1996			
2. Principal Place of Business	28. Mailing Address	4. FEI Number	Applied For			
Same	26 Same	59-2860066	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	E Cortificate of Clab Desired	\$8.75 Additional			

	04	City	FL	65	Zip Code
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab					
 office or registered agent, or both, in the State of Florida. Such change was authorized 			he appo	intmo	ent as registered
agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida State	utes	5.			_

Country

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SIGNATURE				-	1-16-9	Z
0.0.0.0.12	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: R	ogistered Agent signature r	oquired when reinstaling)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
TITLE	VP	DELETE	1.1 TITLE		☐ Change	Additio
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		1.4 CITY - S1 - ZIP			
TITLE	P\$	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		2 4 CHY-SI-ZIP			
TITLE		DELETE	31 TITLE		Change	Addition Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	. 4.1 THTLE		☐ 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	<u></u>		5.4 CHY- ST-ZIP			
. TITLE .		DELETE	6.1 TITLE		☐ Change	Additio
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

I do 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.

813-1258-4484

FILED

Apr 29 1997 8:00am

Secretary of State

X

Yes No

This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Fee Required

\$5.00 May Be

Added to Fees

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)