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PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUL -3 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

DOCUMENT # L51783

1. Corporation Name
LEWIS & LEWIS OF JACKSONVILLE, INC.

Principal Place of Business
1177 QUEEN'S HARBOUR BLVD.
JACKSONVILLE, FL 32225

Mailing Address

3. Date Incorporated or Qualified
3a. Date of Last Report 1996

2. Principal Place of Business
21 1177 QUEEN'S HARBOUR BLVD.
Suite, Apt. #, etc. 22
City & State 23 JACKSONVILLE FL
Zip 24 32225 Country 25 U.S.A.

2a. Mailing Address
26 1177 Queens Harbour Blvd
Suite, Apt. #, etc. 27
City & State 28 Jacksonville, FL
Zip 29 32225 Country 30

4. FEI Number 59-292 8887 ☐ 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
JOHN W. LEWIS
1177 QUEEN'S HARBOUR BLVD.
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent
81 Name SAME
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 _____ 4/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHN W. LEWIS		1.2 NAME	
STREET ADDRESS	1177 QUEEN'S HARBOUR BLVD.		1.3 STREET ADDRESS	600002234236--8
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY-ST-ZIP	-07/09/97--01109--004
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE	****915.00☐ ****915.00
NAME	EARL R. LEWIS		2.2 NAME	
STREET ADDRESS	1011 SHIPWATCH DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225		2.4 CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VICTORIA LEWIS		3.2 NAME	
STREET ADDRESS	1177 QUEEN'S HARBOUR BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225		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	

JB 7-7-97

CR2E034 (9/96)

14. 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.

✓ **SIGNATURE:** _____ 4/30/97 904/220-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #