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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K53890

1. Corporation Name

LEWIS TAYLOR ENTERPRISES, INC.



Principal Place of Business

1468 CLASSIC OAK CT
PO BOX 50443
JACKSONVILLE FL 32225
US

Mailing Address

P O BOX 50443
PO BOX 50443
JACKSONVILLE BEACH FL 32240
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1988

4. FEI Number

59-2928252

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **11162 Raley Creek Dr N**
Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 30 US

2a. Mailing Address

26 **11162 Raley Creek Dr N**
Suite, Apt. #, etc.

27 **PO Box 350103**
City & State

28 **JACKSONVILLE FL-DUVAL**
Zip Country

29 32225 30 US

9. Name and Address of Current Registered Agent

MILLAR, AL
2721 PARK STREET
JACKSONVILLE FL 32205

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
TAYLOR, LEWIS W
STREET ADDRESS **509 HOLLY DR**
CITY-ST-ZIP **JACKSONVILLE BCH FL**

TITLE ☐ DELETE

NAME **S**
TAYLOR, BETTY
STREET ADDRESS **509 HOLLY DR**
CITY-ST-ZIP **JACKSONVILLE BCH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, with all other like empowered.

SIGNATURE:

[Signature] **Lewis W Taylor**

1-9-99

904 642 4760

CR2E034 (1/98)