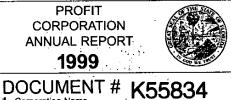
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

DON LEWIS CONSTRUCTION CO., INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90008 033 \*\*\*150.00



Principal Place of Business Mailing Address 4717 MONTEREY DR 4717 MONTEREY DR WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/30/1988 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2932490 Not Applicable Suite, Apt. #, etc. \$8,75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes □ No 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEWIS, DONALD E. Street Address (P.O. Box Number is Not Acceptable) 4717 MONTEREY DR WINTER HAVEN FL 33880 83 84 Zip Code City 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE TITLE LEWIS, DONALD E. 1.2 NAME NAME **4717 MONTEREY DR** 1.3 STREET ADORESS STREET ADDRESS WINTER HAVEN FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 2.1 TITLE TITLE VSD LEWIS, CHARLOTTE 2.2 NAME **4717 MONTEREY DR** 2.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 3.1 TITLE 3.2 NAME NAME: Meher 3.3 STREET ADDRESS STREET ADDRESS en Rays, i y 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 41 TITLE NAME: 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP [ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change TITLE 4777 MONTEN 6.2 NAME NAME 化最级性性的 6.3 STRÉET ADDRESS STREET ADDRESS 6.4 City-ST-ZIP 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 h an address, with all other like empowered

CR2E034 (11/98