

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 20 1997 8:00am
Secretary of State

DOCUMENT # **K74473** (5)

1. Corporation Name
LEWIS PROPERTIES OF JACKSONVILLE, INC.



Principal Place of Business
**2916 UNIVERSITY BLVD W
200
JACKSONVILLE FL 32217
US**

Mailing Address
**P O BOX 23845
JACKSONVILLE FL 32241-3845**

3. Date Incorporated or Qualified 03/22/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2943780	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	

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29.

30.

9. Name and Address of Current Registered Agent

**SACERDOTE, GRACE M.
2427 JOSE CIR N.
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81. Name

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

83. **Jacksonville**

84. City

FL 85. Zip Code
32257

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTS	☐ DELETE
NAME	LEWIS, PATRICIA A.	
STREET ADDRESS	2741 FOREST CIRCLE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	LEWIS, PATRICIA A.	
STREET ADDRESS	2741 FOREST CIRCLE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VP	☐ DELETE
NAME	SACERDOTE, GRACE M.	
STREET ADDRESS	2427 JOSE CIR N.	
CITY - ST - ZIP	JACKSONVILLE FL	
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	9460 Woodhaven Road
3.4 CITY - ST - ZIP	Jacksonville, Florida 32257
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 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, unchanged, or on an attachment with an address.

SIGNATURE:

Grace M. Sacerdote
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRACE M SACERDOTE 3/17/97

Date Day: Month:

0037863

CR2E034 (9/96)