Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90045 024 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

1. Corporation Name

TOM LE	WIS CONSTRUCTION, INC.						
Principal Place	e of Business	Mailing Address			\$ 085 0 20 452 8 5 0 0 0 4 40 0 0	II 41011 DIBII DIDII BIBLI DIBII IBBI	
% TOMMY V. L 774 BANYAN D MELBOURNE FI	.EWIS. JR. IR	% TOMMY V. LEWIS. JR. 774 BANYAN DR MELBOURNE FL 32995		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/08/1989			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2974812	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- 5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6, Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Coun	ry	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	∐Yes X INo	
	9. Name and Address of Current	t Registered Agent		_	10. Name and Address of New Registere	ed Agent	
	_			Name			
LEWIS, TOMMY V JR 774 BANYAN DR.			8	Street Addr	et Address (P.O. Box Number is Not Acceptable)		
MEL	Bourne FL 32935		1	13			
			Į,	14 0%		85 Zip Code	
			,	City	F	Zip Code	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flor	ithorized i ida Statut	by the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the applications of the purpose of the application of the purpose of	of changing its registered pointment as registered	
43	Signature, typed or printed name of registered agen	D DIRECTORS	13.	gent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
12.	P OFFICERS AN	DELETE	1.1 1717	= 1	ADDITIONO/OFFICE TO OFFI TO ETT	☐ Change ☐ Addition	
	LEWIS, TOMMY V.		1.2 NAM				
NAME	774 BANYAN DR		1	EET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	MELBOURNE FL	☐ DELETE	2.1 TITL	-ST-ZIP		☐ Change ☐ Addition	
TITLE			2.1 III.				
NAME				EET ADDRESS			
STREET ADDRESS					فيحميو 4 نيا يا يا		
CITY-ST-ZIP		☐ DELETE	3.1 1111.	/-ST-ZIP		☐ Change ☐ Addition	
TITLE			3.2 NAM				
NAME		•	1	EET ADDRESS			
STREET ADDRESS	1			· ·			
CITY-ST-ZIP		DELETE	4.1 TITU	/-ST-ZIP		☐ Change ☐ Addition	
TITLE							
NAME			4.2 NA				
STREET ADDRESS	Ì			EET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITL	-ST-ZIP	.	Change Addition	
TITLE		LJ DELETE		l l			
NAME			57 NAW	E 1			
			5.2 NAM 5.3 STR	ļ			
STREET ADDRESS			5.3 STR	EET ADDRESS			

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS TOTAL STATE

NAME

SIGNATIVERNREVA