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FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L39607 (1)
1. Corporation Name
LEWIS REALTY, INC.

Principal Place of Business

Mailing Address

455 ATLANTIC BLVD
ATLANTIC BEACH FL 32233

455 ATLANTIC BLVD
ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1989

4. FEI Number

59-2985519

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 420 Kingsley

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 32073

25 CLAY

29

30

9. Name and Address of Current Registered Agent

LEWIS SUSAN K
455 ATLANTIC BLVD
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name

SUSAN LEWIS

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

P.O. Box 420 Kingsley

83

ORANGE PARK

84 City

1

FL

85

Zip Code

32073

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME
LEWIS, SUSAN
STREET ADDRESS
455 ATLANTIC BLVD.
CITY - ST - ZIP
ATLANTIC FL 32233

TITLE ☐ DELETE

S
NAME
MATTHEWS, HAROLD L.
STREET ADDRESS
810 SEND ST.
CITY - ST - ZIP
NEPTUNE BCH. FL 32206

TITLE ☐ DELETE

VD
NAME
MATTHEWS, HEATHER
STREET ADDRESS
67 VANDERFORD RD E
CITY - ST - ZIP
O P 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

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

000002423138

-02/06/98--01004--033

***150.00

☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

CR2E034 (10/97)