PROFIT

CORPORATION ANNUAL REPORT 2000

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

FILED
00 APR 21 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39607

1. Corporation Name
LEWIS REALTY, INC.

Principal Place of Business	Mailing Address
420 KINGLEY ORANGE PARK FL 32073	455 ATLANTIC BLVD. ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 12/29/1989	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2985519	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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

9. Name and Address of Current Registered Agent

LEWIS SUSAN K
420 KINGLEY
ORANGE PARK FL 32073

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: Susan Lewis Evans DATE
(Signature and typed or printed name of registered agent and title, if applicable.) (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LEWIS, SUSAN	
STREET ADDRESS	455 ATLANTIC BLVD.	
CITY-ST-ZIP	ATLANTIC FL 32233	
TITLE	S	☒ DELETE
NAME	MATTHEWS, HAROLD L.	
STREET ADDRESS	810 SEND ST.	
CITY-ST-ZIP	NEPTUNE BCH. FL 32266	
TITLE	VD	☒ DELETE
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	P	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	P.O Box 1351	
1.4 CITY-ST-ZIP	ORANGE Park, Fl 32073	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	900003225753--3	
2.3 STREET ADDRESS	-04/28/00--01112--002	
2.4 CITY-ST-ZIP	****150.00 ****150.00	
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	KE	
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: Susan Evans 4/18/2000 904 2698125
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Daytime Phone #