

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M93530

(7)

1. Corporation Name

LEWIS HAULING & EXCAVATING, INC.

**APPROVED
AND
FILED**

95 APR 20 AM 9:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1207 SEMINOLE DRIVE
INDIAN HARBOR BEACH
MELBOURNE FL 32937**

Mailing Address

**1207 SEMINOLE DRIVE
INDIAN HARBOR BEACH
MELBOURNE FL 32937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1988

3a. Date of Last Report

04/26/1994

4. FBI Number

59-2900802

Applied For

Not Applicable

2. Principal Place of Business

21 1207 BAY DR. E

2a. Mailing Address

26 1207 BAY DR E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 FL

27 INDIAN HARBOR BEACH

City & State

City & State

23 INDIAN HARBOR BEACH

28 FL

Zip

Country

Zip

Country

24 32937

25 USA

29 32937

30 USA

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. 109.032,
Florida Statutes

☒ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSSETTER, A. T.
288 N. BABCOCK ST.
SUITE D
MELBOURNE FL 32935**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
ROGER, LEWIS
1207 SEMINOLE DR
INDIAN HARBOR BCH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVPS
LEWIS, MICHELE
1207 SEMINOLE DR
INDIAN HARBOR BCH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LEGGETT, DANIAL
725 EVERGLADES CT
TITUSVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95

407-779-1563