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

CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P29359

(7)

ROY LEWIS CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address						- 5 confilmel inn fista inimal blish wirth fast gintl state gaste einte alast gest, ban			
6111 OLD SHELL RD. MOBILE AL 36608 US		6111 OLD SHELL RD. MOBILE AL 36608 US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 05/16/1990			
2. Principal Place	of Business	2a. Mailing A	2a. Mailing Address			4. FEi Number		Applied For	
21		26	26			63-0659955		Not Applicable	
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional ee Required	
City & State		City & St				Election Campaign Financing Trust Fund Contribution			
Zip 24	Country 25	Zip 29	30	Country		This corporation owes or has pain Personal Property Tax due June			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			81	Name					
	ATION FL 33324				Street Addre	ss (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-hamed 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 relinstating) DATE									

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS PID DELETE X Change Addition TITLE 1.1 TITLE PTD LEWIS, ROY NAME 1.2 NAME LEWIS, ROY 517 HIGHLAND WOODS DR E 710 PROVIDENCE ESTATES DRIVE WEST MOBILE, AL 36695 STREET ADDRESS 1.3 STREET ADDRESS MOBILE AL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE X Change Addition TITLE 2.1 TITLE LEWIS, LINDA H NAME 2.2 NAME LEWIS, LINDA H. 517 HIGHLAND WOODS DR E 710 PROVIDENCE ESTATES DRIVE WEST STREET ADDRESS 2.3 STREET ADDRESS MOBILE AL MOBILE, AL 36695 CITY-ST-ZIP 2. 4 City-ST-ZIP DELETE Change TITLE 3.1 TITLE ___ Addition RILEY, SHANNON NAME 3.2 NAME 9405 YORKTOWNE WAY STREET ADDRESS 3.3 STREET ADDRESS MOBILE AL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition

3825 SHELLEY DR. STREET ADDRESS 4.3 STREET ADDRESS MOBILE AL CITY - ST- ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

4.1 TITLE

4.2 NAME

CITY - ST-ZIP 5,4 CITY - ST - ZIP DELETE Change Addition 6,1 TITLE NAME 6,2 NAME

6.3 STREET ADDRESS

6,4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not cutality 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 corporator or the recover or trustete empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if qhanged for on an anathment with an address.

SIGNATURE:

STREET ADDRESS

TITLE

NAME

TUCKER, JEMMIE

ROY LEWIS: PRESIDENT

01/14/98

FILED

Jan 23 1998 8:00am

Secretary of State

(334) 380-0000