

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000014497 (1)

1. Corporation Name

LEWIS COMPUTER SOLUTIONS, INC.

APPROVED
AND
FILED

95 JUN 20 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001520212
-06/22/95--01016--022
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
1205 COMMERCIAL PARK DRIVE TALLAHASSEE FL 32303		1205 COMMERCIAL PARK DRIVE TALLAHASSEE FL 32303	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Country	
24		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
12/28/1992	03/17/1994
4. FEI Number	Applied For
59-3156294	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 has liability for intangible tax under s. 199.032, Florida Statutes	
☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	
LEWIS, HAROLD 1985 FAMILY LANE TALLAHASSEE FL 32311	

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

Signature (typed or printed name of registered agent and also if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LEWIS, ROBERT H
STREET ADDRESS	1985C FAMILY LANE
CITY - ST - ZIP	TALLAHASSEE FL 32311
TITLE	SD
NAME	LEWIS, ANN
STREET ADDRESS	1985C FAMILY LANE
CITY - ST - ZIP	TALLAHASSEE FL 32311
TITLE	VD
NAME	LEWIS, HAROLD
STREET ADDRESS	1985 FAMILY LANE
CITY - ST - ZIP	TALLAHASSEE FL 32311
TITLE	TD
NAME	LEWIS, VIRGINIA
STREET ADDRESS	1985 FAMILY LANE
CITY - ST - ZIP	TALLAHASSEE FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/95

386-8311