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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P92000014497 (1)**

1. Corporation Name
LEWIS COMPUTER SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1205 COMMERCIAL PARK DRIVE TALLAHASSEE FL 32303	1205 COMMERCIAL PARK DRIVE TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1920 S Monroe St	2a. Mailing Address 26 1920 S Monroe St	3. Date Incorporated or Qualified 12/28/1992	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3156294	☐ Applied For ☐ Not Applicable
City & State 23 Tallahassee FL	City & State 28 Tallahassee FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 32301	Country 25 US	Zip 29 32301	Country 30 US
		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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEWIS, HAROLD 1985 FAMILY LANE TALLAHASSEE FL 32311	81 Name: Robert H Lewis 82 Street Address (P.O. Box Number is Not Acceptable): 1920 S Monroe Street 83 84 City: Tallahassee FL 85 Zip Code: 32301

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] Robert H Lewis 04/07/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEWIS, ROBERT H 1985C FAMILY LANE TALLAHASSEE FL 32311	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEWIS, HAROLD 1985 FAMILY LANE TALLAHASSEE FL 32311	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LEWIS, VIRGINIA 1985 FAMILY LANE TALLAHASSEE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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] 04/07/98 (850) 222-4418