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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

May 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000030477 (2)

LEWIS PAINTING, INC.

Principal Place of Business

| 45 GLEASON ST DELRAY BEACH FL 33483 | | 45 GLEASON ST DELRAY BEACH FL 33483 | | DO NOT WRITE IN THIS SPACE | | | |
|---|---|--|---|--|--|-----------------------------------|--|
| | | | | | 3. Date Incorporated or Qualified | | |
| 9 Principal P | Place of Business | 2a. Mailing Address | | | 04/27/1993 4. FEI Number | Apr | plied For |
| 21 | | 26 | | 65-0404861 | + | Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 A | dditional |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee Rec | quired |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | - | 28 | | | Trust Fund Contribution | Added to | |
| Zip | Country | Zip | Count | ry | 8. This corporation owes or has paid the cr | | angible] No |
| 24 | 25 A. Name and Address of Curre | 29 ent Registered Agent | 30] | | Personal Property Tax due June 30. 10. Name and Address of New Registered | | 1 140 |
| 10 | | on negation agon | | 1 Name | To. | | |
| | WIS, JEFFREY A | | _ | | | ·- | |
| | GLEASON ST ELRAY BEACH FL 33483 | | 6 | 2 Street A | Address (P.O. Box Number is Not Acceptable) | | |
| | LIMIT DEACH FL 33403 | | 6 | 3 | | | |
| | | | - | 4 City | | 85 Zip C | `ada |
| | | | | 4 City | FI | | 70UB |
| office or r | registered agent, or both, in the Stat | to of Florida. Such change i | was authorized. | by the corp | corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap | of changing its pointment as r | registered registered |
| | am familiar with, and accept the obli | igations of, Section 607.050 | 5, Florida Statut | es. | | | |
| SIGNATURE | Signature, typed or printed name of registered a | egrat and their applicable | (NOTE: Registered A | gent signature | required when reinstating) DATE | | |
| i . | | | (· · · · · · · · · · · · · · · · · · · | | | | |
| 12. | OFFICERS A | ND DIRLCTORS | 13. | · · · · · · · · · · · · · · · · · · · | ADDITIONS/CHANGES TO OFFICERS AN | | |
| | OFFICERS A | | 13. | | 70 | Change | S IN 12 Addition |
| 12. TITLE NAME | PD LEWIS, JEFFREY A | ND DIRLCTORS | 13. 1.1 TITLI 1.2 NAM | E | 70 | Change | |
| 12. TITLE NAME STREET ADDRESS | PD LEWIS, JEFFREY A 45 GLEASON ST | ND DIRLCTORS | 13. 1.1 TITLI 1.2 NAM 1.3 STRE | E E1 ADDRESS | 70 | Change | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LEWIS, JEFFREY A 45 GLEASON ST DELRAY BEACH FL 33483 | ND DIRLCTORS DELETE | 13. 1.1 TITLI 1.2 NAM 1.3 STRE 1.4 CITY | E E1 ADDRESS - S1-ZIP | | 도Change | Addition |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PD LEWIS, JEFFREY A 45 GLEASON ST DELRAY BEACH FL 33483 VP LEWIS, JAMES S | ND DIRLCTORS DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM | E E1 ADDHESS - S1 - ZIP E | 70 | 도Change | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PD LEWIS, JEFFREY A 45 GLEASON ST DELRAY BEACH FL 33483 VP LEWIS, JAMES S 12014 SW 1ST ST | ND DIRLCTORS DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE | E E1 ADDRESS - ST - ZIP E E ET ADORESS | 70 | 도Change | Addition |
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14. Thereby 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 altachment with an address.