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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300036666 (4)

LEWELLEN BROTHERS, INC.

1000	CHOKECHERRY DR.
Princ	apal Place of Business

Mailing Address

1086 CHOKECHERRY DR.

FILED Feb 27 1997 8:00am Secretary of State



WINTER SPRINGS FL 32708		WINTER SPRINGS FL 32708-4045 US								
US		03				3. Date Incorporated or Qualified 05/17/1993		te of La 26/19	st Report	
	ace of Business	2a. Mailing Address		******		4. FEI Number	L		Applied For	
21		26				59-3181473			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired \$8.75 Addition Fee Required				
City & State 23		Criy & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Cour 30	ntry		This corporation has liability for In Florida Statutes	tangible Yes [er s. 199.032,	
24]	9. Name and Address of Curren	_ +	[30]			10. Name and Address of New Rec				
I FV	VELLEN, MICHAEL SR			81	Name					
100	5 TURKEY HOLLOW CIRCLE		ŀ	82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)			
WIN	ITER SPRINGS FL 32708		}	83						
			}	84	City		-	85	Zıp Code	
							FL	بلل		
office or nagent. Lar	egistered agent, or both, in the State in familiar with and accept the obliga	of Florida Such change was alions of, Section 607.0505, F	authorized Florida Stati	l by .ites	the corporal	poration submits this statement for the pition's board of directors. I hereby accep	t the app	ointmen	t as registered	
	Signature, typed or pented name of registered age			Age	nt signature requi	red when re-installing)	DATE			
12.	OFFICERS AND		13.	· · · · · ·		ADDITIONS/CHANGES TO OFFIC	ERS AND			
THE	V	DELETE	1.1 7		ļ			Char	ige 🔲 Addition	
NAME	LEWELLEN, STEVE R. S		1.2 NA							
STREET ADDRESS	1086 CHOKECHERRY DR.				ADDRESS					
City - St - 7iP	WINTER SPGS. FL ST	DELETE	1.4 CIT 2 1 TIT	******	í-ZIP			Char	nge Addition	
TITLE	LEWELLEN, DEBORAH H.	[] Dettert						L 101101	ige Lat Addition	
NAM:	1086 CHOKECHERRY DR.		22 NA		ADDRESS		•			
STREET ADDRESS COTY+ST-ZIP	WINTER SPGS. FL		2.3 ST							
TILE	THITE TO CO. TE	DELETE	3.1 717		1.51			Char	nge Addition	
NAME		<u></u>	3.2 NA		ļ				<u> </u>	
STREET ADDRESS			1		ADDRESS					
CITY ST 70P			3 4 CI							
THE		DELETE	4.1 TIT					Char	nge Addition	
NAME			4. 2 N/	AME						
STREET ADDRESS			4 3 ST	REET	ADDRESS					
CRTY+ST+Z/P			4.4 CFI	[Y-\$]	T-ZIP					
T-TLF		☐ DELFTE	5 1 TIT	LE				☐ Chai	nge Addition	
NAME			5 2 NA	ME	}					
STREET ADORESS			5.3 ST	REFT	ADDRESS					
. CITY-ST-7IP			5.4 CIT	[Y - S]	r-21P					
TITEE		DELETE	6.1 TIT	LE				Cha	nge Addition	
NAMÉ			6.2 NA	ME						
\$1800 ADDRESS			6.3 ST	REET	ADDRESS					
0:TY - ST - 7(P)			6.4 CI	IY-S	T-ZIP	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclinated 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 circular for the copyrightion 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

SIGNATURE: