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

**FILED** Jul 08 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P93000074336 (7) DOCUMENT # LEWIS INVESTMENTS, INC. Principal Place of Business Mailing Address 610 ALBATROSS STREET 220 W. COCOA BCH MERRITT ISLAND FL 32952 COCOA BOH FL 32931 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1993 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3205695 21 610 Albatross St 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Merr sland, Fl 28 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEWIS, RONALD P 610 ALBATROSS STREET 62 Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32952** 83 84 City Zip Code 85 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, typod or pointed name of registered agent and little if applicable (NO1L Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 1111.8 LEWIS, RONALD P NAME 1.2 NAME **\$10 ALBATROSS STREET** STREET ADDRESS 1.3 STREET ADDRESS MERRITT ISLAND FL 32952 14 CHY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition 2.1 TITLE TITLE LEWIS, MAUREEN C NAME 2.2 NAME **610 ALBATROSS STREET** STREET ADDRESS 2.3 STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELFTE Change Addition TITLE 4.1 THILE NAME 4. 2 NAM6 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 THEF TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-ZiP 5.4 CITY - \$T - ZIP ☐ DELETE ■ Addition TITLE 6.1 TITLE

6.2 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP 14. Thereby 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 indicated on this annual report or supplicmental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of 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. 1000 4/20/00

NAME

STREET ADDRESS

CITY - ST - ZIP