

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000079629 (9)

1. Corporation Name

MAZZIE L. LEWIS, INC.



Principal Place of Business

1029 BLUEHILL DR.  
NORTH JACKSONVILLE FL 32218

Mailing Address

1029 BLUEHILL DR.  
NORTH JACKSONVILLE FL 32218

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

LEWIS, MAZZIE L  
1029 BLUEHILL DR.  
NORTH JACKSONVILLE FL 32218

3. Date Incorporated or Qualified

10/31/1994

3a. Date of Last Report

03/21/1995

4. FEI Number

59-3298064

Applied For

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

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 the corporation) in the Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME LEWIS, MAZZIE L  
STREET ADDRESS 1029 BLUEHILL DR.  
CITY-ST-ZIP NORTH JACKSONVILLE FL 32218

TITLE D ☐ DELETE  
NAME LEWIS, CORNELIUS  
STREET ADDRESS 1029 BLUEHILL DR.  
CITY-ST-ZIP NORTH JACKSONVILLE FL 32218

TITLE D ☒ DELETE  
NAME JOHNSON, CONSTANCE D  
STREET ADDRESS 5745 STONE HAVEN DR.  
CITY-ST-ZIP STONE MOUNTAIN GA 30087

TITLE D ☒ DELETE  
NAME LEWIS, JANICE L  
STREET ADDRESS 5745 STONE HAVEN DR.  
CITY-ST-ZIP STONE MOUNTAIN GA 30087

TITLE D ☒ DELETE  
NAME THOMPSON, AMOS  
STREET ADDRESS 2401 NW 21 ST RD  
CITY-ST-ZIP OCALA FL 32670

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Phone #

4/11/96 (904) 757-6778

CR2E034 (12/95)