

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90046 044 ***150.00

DOCUMENT # P95000046530

1. Corporation Name

LEWIS + LEWIS HOUSING CORP.



Principal Place of Business

3819 LAKE SHORE DR.
TAMPA FL 33604

Mailing Address

3819 LAKE SHORE DR.
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1995

4. FEI Number

59-3339511

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3817 LAKE SHORE DR

Suite, Apt. #, etc.

22

City & State
23 TAMPA FL

Zip

Country

24 33604

25

LISA

2a. Mailing Address

26 3817 LAKE SHORE DR

Suite, Apt. #, etc.

27

City & State
28 TAMPA FL

Zip

Country

29 33604

30

LISA

9. Name and Address of Current Registered Agent

LEWIS, JR., WILLIAM G
3819 LAKE SHORE DRIVE
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3817 LAKE SHORE DR

84

City
TAMPA

FL

85 Zip Code
33604

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

WILLIAM G. LEWIS JR

4.17.99

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

LEWIS, WILLIAM G SR.

3819 LAKESHORE DRIVE

TAMPA FL 33604-5119

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST

CHAD, RICHARD L

3713 CLEVELAND STREET

TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3817 LAKE SHORE DR

TAMPA FL 33604

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

WILLIAM G. LEWIS JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.17.99 813.980.3629

CR2E034 (11/98)