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FROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P9000049052 (/) 1. Corporation Name DP LEWIS HOMES, INC. Principal Place of Business 323 10TH AVENUE WEST PALMETTO FL 34221 PALMETTO FL 34221 PALMETTO FL 34221						· • · · · · · · · · · · · · · · · · · ·						
THEMETIC TE VIE		1 ALME	.710 12 04221				3. Date Incorp	porated	or Qualified	3a. Date	e of Last R	eport
- 5:		n nigingzar					06/26/			1		
2. Principal Piace of Business 1 Suite, Apt. #, etc.		F *1	2a. Mailing Address				4. FET NUMBE	65 - 0594		1515		Applied For Not Applicable
		and the second control of the second	Apt. #, etc									Additional
2		27	<u>├</u> ─┐				5. Certificate of Status Desired Fee Required					
City & State		<u></u> ⊢¬ ·	City & State				6. Election Ca Trust Fund	, .				May Be
Zip 24	Country Zip 29			Coun	ntry		8. This corporation has liability for intangible tax under since Florida Statutes Yes No					199.032,
	Name and Address of Cui		Agent				10, Name and	Addre	ss of New I	Registered	Agent	
or registered age	FL 34205 provisions of Sections 607.0 ent, or both, in the State of Fd accept the obligations of, \$	tonda. Such chan;	ge was authorize	es, the aboved by the co	84 /e ni	City arried corpo ration's boa	ration submits this ret of directors. The	stateme reby ac	nt for the pu cept the app	FL irpose of ch pointment as	anging its r	p Code egistered offic Lagont, Lam
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12.	OFFICERS	AND DIRECTORS		13.			ADDITIONS	CHAN	GES TO OF	FICERS AND	DIRECTO	RS IN 12
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NAME				1.2 NAM	Mê		David P.	Le	wis ,,	1.0		
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6.4 CITY - ST. ZIP 14. Ido 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), Fiorida Statutes I further certify that the information indicated on this annual report or suppliemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

5.2 NAME

6 1 TITLE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CIEY - ST - ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-SI-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DFLETE

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941-729-8188

Engine Phone #

Change