

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073149 (3)

1. Corporation Name

L.W.L. INC. DBA
LWL Lamp & SHADES

Principal Place of Business

4780 A1A SOUTH, UNIT A-103
ST. AUGUSTINE FL 32084

Mailing Address

4780 A1A SOUTH, UNIT A-103
ST. AUGUSTINE FL 32084



3. Date Incorporated or Qualified

09/21/1995

3a. Date of Last Report

2. Principal Place of Business

21 232 SR 312

Suite, Apt. #, etc.

22 St. AUGUSTINE, FLA.

City & State

23 32086

Zip

Country

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. F.E.I. Number

59-3337818

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

9. Name and Address of Current Registered Agent

LEWIS, HAROLD L
4780 A1A SOUTH, UNIT A-103
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

NANCY J LEWIS

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

4780 A1A South Unit A103

83

St. AUGUSTINE, FL

84 City

FL

85 Zip Code

32084

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Nancy J. Lewis

NANCY J. LEWIS

24 APRIL 1996

(Signature typed or printed name of registered agent or director)

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, HAROLD L	
STREET ADDRESS	4780 A1A SOUTH, UNIT A-103	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEWIS, NANCY J	
STREET ADDRESS	4780 A1A SOUTH, UNIT A-103	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WISNICKY, WALTER R	
STREET ADDRESS	P.O. BOX 666	
CITY - ST - ZIP	FT. WHITE FL 32038	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	LEWIS, NANCY J
2.4 CITY - ST - ZIP	4780 A1A South Unit A103
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST. AUGUSTINE, FLA. 32084
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700001808477
5.3 STREET ADDRESS	-05/06/96--01021--026
5.4 CITY - ST - ZIP	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Nancy J. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 April 96 1-904-829-9180
Daytime Phone #

CR2E034 (12/95)