

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
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90009 009 ***150.00

DOCUMENT #

1. Corporation Name

pg80000 32488

Lewis, Cole, Cameron And Associates, Inc

Principal Place of Business

Mailing Address

541 Beverly Court
2nd Floor

Tallahassee, FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April 7, 1998

4. FEI Number

59-3511861

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5269 Harborside Drive

26 5269 Harborside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip Country

Zip Country

24 33615 25 US

29 33615 30 US

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Robert J. Sniffen
Meyer and Brook P.A.
P.O. Box 1547
Tallahassee, FL 32302

81 Name Robert J. Sniffen
82 Street Address (P.O. Box Number is Not Acceptable)
Moyle, Flanigan, Katz, Kolins, & Raymond P.A.
83 210 South Monroe Street
84 City Tallahassee FL 85 Zip Code 32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME James Cole
STREET ADDRESS 3550 Pleasant Brook Vill. Lane, Apt F
CITY-ST-ZIP Doraville, Georgia 30340

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P Gary B. Lewis
1.3 STREET ADDRESS 5269 Harborside Drive
1.4 CITY-ST-ZIP TAMPA, Florida 33615

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME S Jody Cameron
2.3 STREET ADDRESS 5514 Baywater Drive
2.4 CITY-ST-ZIP TAMPA, FL 33615

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

Gary Lewis

5-24-99

(813) 854-2663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)