

TO: Amendment Section Division of Corporations

SUBJECT: LEWIS CONSOLIDATED, INC:

(Name of corporation)
DOCUMENT NUMBER: S51312

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM G: NOE, JR:, ESQUIRE

(Name of person)

(Name of firm/company)

599 Atlantic Boulevard, Suite 6

(Address)

Atlantic Beach, Florida 32233 🛄

(City/state and zip code)

For further information concerning this matter, please call:

William G: Noe, Jr: at(904

(Name of person)

(904) 249-7241 (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



20000760643

*****78.00

09/09/02--01078

*****35.00

CR2E045(07/02)

x Resignation

T BROWN SEP 1 6 2002



OFFICER / DIRECTOR RESIGNATION

I,	Susan K:	Evans	_	hereby resign as_	President,	Secretary,	
	Treasurer	and Director			(Title)	· ·	-
of	LEWIS	CONSOLIDATED,	INCc				
(Name of Corporation),							
ac	corporation organ	nized under the laws of	the State	of Florid	a		

and affirm that the corporation has been notified in writing of the resignation.

9/4/02

Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

2