

# S51312

## TRANSMITTAL LETTER

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)

200007606432--6  
09/09/02--01078--002  
\*\*\*\*\*70.00 \*\*\*\*\*35.00

For further information concerning this matter, please call:

William G. Noe, Jr. at ( 904 ) 249-7241  
(Name of person) (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

FILED  
02 SEP -9 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E045(07/02)

*officer Resignation*

T BROWN SEP 16 2002

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

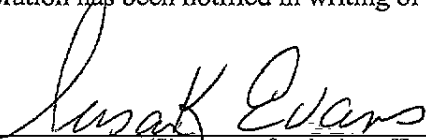
**OFFICER / DIRECTOR RESIGNATION**

I, Susan K. Evans, hereby resign as President, Secretary,  
Treasurer and Director (Title)

of LEWIS CONSOLIDATED, INC.  
(Name of Corporation)

a corporation organized under the laws of the State of Florida

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**