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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V28886

LEWIS TRUCK SERVICE, INC.

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Principal Pla	ce of Business	Mailing Address		r samte dirain ishan faran talah Edifa Diti alahi d	I OIL DEDIT BIBIT MENT DIBIT 1901
610 OLD DAYTONA ROAD DELAND FL 32724 DELAND FL 32724 DELAND FL 32724			•	•	,
DELAND FL 32724 DELAND FL 32724			DO NOT WRITE IN THIS	SDACE	
				3. Date Incorporated or Qualified	13.1
			4.1	04/10/1992	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3115306	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional
City & Sta	nte .	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year into	
24	25		30	Personal Property Tax.	Yes □ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	
LEW	VIS, J.D.		81 Name		
	OLD DAYTONA ROAD		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	14
	AND FL 32724	•	83		
	• ;	•			
	· • · · ·		84 City	FI	, 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named co	rporation submits this statement for the purpose of	L ' ' ' π changing its registered
Onice of i	redistered adent of both. In the State of	FIDRICA SUCH CHANGE WAS ALL	IDANIZAA NU IDA CAIDARA	ation's board of directors. I hereby accept the appoin	ntment as registered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statutes.	and the second s	4 4 4 1
agent. La	am ramiliar with, and accept the obligation	ons or, Section 607.0505, Fiori	ida Statutes,		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	da Statutes, Registered Agent signature requ	ired when reinstating) DATE	* 1
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: DIRECTORS	da Statutes, Registered Agent signature requ 13.		D DIRECTORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	Registered Agent signature requests 13.	ired when reinstating) DATE	* 1
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND D LEWIS, J.D.	and title if applicable. (NOTE: DIRECTORS	Registered Agent signature requestant 13. 1.1 TITLE 1.2 NAME	ired when reinstating) DATE	D DIRECTORS IN 12
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14. Thereby 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 joint; 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90027 021 ***150.00

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