

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008214

**Entity Name:** LUMON INCORPORATED**Current Principal Place of Business:**945 LAS NAVAS PLACE  
ST. AUGUSTINE, FL 32092**Current Mailing Address:**945 LAS NAVAS PLACE  
ST. AUGUSTINE, FL 32092 US**FEI Number:** 06-1840165**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LABIAL, GUILLERMO R  
945 LAS NAVAS PLACE  
ST. AUGUSTINE, FL 32092 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | P                      |
| Name            | LABIAL, MARJORIE U     |
| Address         | 945 LAS NAVAS PLACE    |
| City-State-Zip: | ST..AUGUSTINE FL 32092 |

|                 |                        |
|-----------------|------------------------|
| Title           | T                      |
| Name            | LABIAL, GUILLERMO R    |
| Address         | 945 LAS NAAS PLACE     |
| City-State-Zip: | ST. AUGUSTINE FL 32092 |

|                 |                        |
|-----------------|------------------------|
| Title           | A                      |
| Name            | URIARTE, MARGARINA B   |
| Address         | 945 LAS NAVAS PLACE    |
| City-State-Zip: | ST. AUGUSTINE FL 32092 |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | URIARTE, GREGGO B    |
| Address         | KM 1 RIZAL STREET    |
| City-State-Zip: | SURIGAO CITY PH 8400 |

|                 |                     |
|-----------------|---------------------|
| Title           | S                   |
| Name            | MALINAO, JOJI T     |
| Address         | 180 KNOLLWOOD DRIVE |
| City-State-Zip: | ALBANY GA 31701     |

|                 |                               |
|-----------------|-------------------------------|
| Title           | P                             |
| Name            | BARRON, LOVELINA U            |
| Address         | 539 NORTH WESTOVER BLVD #1422 |
| City-State-Zip: | ALBANY G 31707                |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GUILLERMO R LABIAL

T

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date