

2016 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

05/26/2016

Electronic Signature of Signing Officer/Director Detail_____
Date