

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

95 APR 20 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 325247 (5)**

1. Corporation Name  
**LU-MAR ENTERPRISES INC**

Principal Place of Business      Mailing Address  
**1860 OLD TOMOKA RD.  
ORMOND BCH. FL 32174-6715**      **1860 OLD TOMOKA RD.  
ORMOND BCH. FL 32174-6715**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**01/17/1968**      **02/09/1994**

4. FEI Number      Applied For  
**59-1225593**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 189.032 Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21      26

22      Suite, Apt. #, etc.      27      Suite, Apt. #, etc.

23      City & State      28      City & State

24      Zip      25      Country      29      Zip      30      Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIEHLMAN, ROYCE W  
1860 OLD TOMOKA RD.  
ORMOND BCH. FL 32074**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      **FL**      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE      Signature, typed or printed name of registered agent and fee if applicable      NOTE: Registered Agent signature required when reinstating      DATE

12. OFFICERS AND DIRECTORS      13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIEHLMAN, ROYCE W</b>	1.2 NAME	
STREET ADDRESS	<b>1860 OLD TOMOKA RD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORMOND BCH, FL 00000</b>	1.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIEHLMAN, ROYCE W</b>	2.2 NAME	
STREET ADDRESS	<b>1860 OLD TOMOKA RD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORMOND BCH, FL 00000</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Royce W. Riehlman*      **Royce W. RIEHLMAN**      4/17/95      904-677-8248  
Signature and typed or printed name of signing officer or director      Date      (Maximum 14 characters)