

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90043 028 ***150.00

DOCUMENT # 325247

1. Corporation Name
LU-MAR ENTERPRISES INC

Principal Place of Business

5 KATRINAS DR.
ORMOND BCH. FL 32174
US

Mailing Address

5 KATRINAS DR.
ORMOND BCH. FL 32174
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1968

4. FEI Number

59-1225593

Applied For

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Filing Address
21 449 EAST GRAVES AVE

2a. Mailing Address
26 449 EAST GRAVES AVE.

22

27

23 ORANGE CITY FL

28 ORANGE CITY FL

24 32763 25 US

29 32763 30 US

9. Name and Address of Current Registered Agent

RIEHLMAN, ROYCE W
5 KATRINAS DR.
ORMOND BCH. FL 32174

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3069 BOCA OFFER AVE.

83 449 EAST GRAVES AVE.

84 City ORANGE CITY FL

85 Zip Code 32763

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 *Royce W. Riehlman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME RIEHLMAN, ROYCE W
STREET ADDRESS 5 KATRINAS DR.
CITY-ST-ZIP ORMOND BCH, FL 00000

1.1 TITLE

1.2 NAME
1.3 STREET ADDRESS 449 EAST GRAVES AVE.
1.4 CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ST ☐ DELETE

NAME RIEHLMAN, ROYCE W
STREET ADDRESS 5 KATRINAS DR.
CITY-ST-ZIP ORMOND BCH, FL 00000

2.1 TITLE ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 449 EAST GRAVES AVE
2.4 CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby 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 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 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.

SIGNATURE:

Royce W. Riehlman REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99
Date

702-433-2205
Daytime Phone #

CR05034/11/99