FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY 15 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F31868** **(5)**

1. Corporate Name
L.C.M., INC.

Principal Place of Business
12251 C.R. 675
PARRISH FL 34219
US

Mailing Address
12251 C.R. 675
P. O. BOX 716
PARRISH FL 34219
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1981
3a. Date of Last Report: 06/13/1994

2. Principal Place of Business
21 11344 US 41 S.
Suite Apt. # etc. 22
City & State 23 GIBSONTON FL
Zip 24 33534 Country 25 USA

2a. Mailing Address
26 P.O. Box 2332
Suite Apt. # etc. 27
City & State 28 GIBSONTON, FL
Zip 29 33534 Country 30 USA

4. FEI Number: 59-2092565 — 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 elects to be subject to intangible tax under C. 199 of the Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
FABER, RUSSELL C
12251 C.R. 675
P. O. BOX 716
PARRISH FL 34219

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11344 U.S. 41 S. #36
83 PO BOX 2332
84 City: GIBSONTON FL
85 Zip Code: 33534

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☒ Change ☐ Addition
NAME	FABER, RUSSELL C	NAME	
STREET ADDRESS	12251 C.R. 675	STREET ADDRESS	11344 US 41 S. #36
CITY, ST, ZIP	PARRISH FL	CITY, ST, ZIP	GIBSONTON, FL 33534
TITLE	VS	TITLE	☒ Change ☐ Addition
NAME	FABER, LINDA	NAME	
STREET ADDRESS	12251 C.R. 675	STREET ADDRESS	11344 US 41 S. #36
CITY, ST, ZIP	PARRISH FL	CITY, ST, ZIP	GIBSONTON, FL 33534
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in 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 recipient of further compensation to cause this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of Changed or Added Officers with an address.

SIGNATURE: Russell C Faber — 5/10/95 — 813 677-6108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0494649 FP