

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F31868 (5)

1. Corporation Name

L.C.M., INC.



Principal Place of Business

Mailing Address

~~11344 US 41 S.~~
~~GIBSONTON FL 33534~~
~~US~~

~~P.O. BOX 2332~~
~~P.O. BOX 716~~
~~GIBSONTON FL 33534~~
~~US~~

3. Date Incorporated or Qualified

04/23/1981

3a. Date of Last Report

05/16/1995

2. Principal Place of Business

2a. Mailing Address

21 2402 METRO DR.

26 P.O. Box 7500

4. FEI Number

59-2092565

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 RUSKIN, FL

28 SUN CITY, FL

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

24 33570 25 USA

29 33586 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FABER, RUSSELL C
~~11344 US 41 S. 30~~
~~P.O. BOX 2332~~
~~GIBSONTON FL 33534~~

81 Name RUSSELL C. FABER
82 Street Address (P.O. Box Number is Not Acceptable) 2402 METRO DR
83
84 City RUSKIN FL 85 Zip Code 33570

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
FABER, RUSSELL C
~~11344 US 41 S. 30~~
~~GIBSONTON FL~~

11 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

VS
FABER, LINDA
~~11344 US 41 S. 30~~
~~GIBSONTON FL~~

12 NAME

12 2402 METRO DR.
13 RUSKIN, FL 33570

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME

22 2402 METRO DR.
23 RUSKIN FL 33570

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell C. Faber **7/31/96** **813-645-9533**
RUSSELL C. FABER

CR2E034 (3/96)