

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 4:10

DOCUMENT # F94000000398 (7)

1. Corporation Name
LEMC, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
220 OUTLET POINTE BLVD. COLUMBIA SC 29210		220 OUTLET POINTE BLVD. COLUMBIA SC 29210	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 220 Outlet Pointe Blvd	57-0987727	Not Applicable
Suite, Apt. #, etc.	27 40 Pam Keepers	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	28 Columbia SC	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	30 USA	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country		
24	25 29210		

3. Date Incorporated or Qualified	3a. Date of Last Report
01/26/1994	N/A

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T COPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		B1 Name	B5 Zip Code
		B2 Street Address (P.O. Box Number is Not Acceptable)	FL
		B3	
		B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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) (Typed Name of Registered Agent signature required when retaining) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILWELL JR, WILLIAM E	1.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINKLE, DAVID M	2.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, HENRY H	3.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, BARBARA J	4.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTAKER, SUSAN A	5.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	5.4 CITY - ST - ZIP	
TITLE	I	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDINGS, WILLIAM D	6.2 NAME	
STREET ADDRESS	220 OUTLET POINTE BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC	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 printed in Section 110.07(3)(b), 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 the reports required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: Henry H. Taylor 1-13-95 803 551-4249
(Typed Name of Registered Agent) (Date) (Typed Name of Registered Agent)