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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000000398 (7)

1. Corporation Name
LEMC, INC.

Principal Place of Business
220 OUTLET POINTE BLVD.
COLUMBIA SC 29210

Mailing Address
220 OUTLET POINTE BLVD.
C/O PAM KEEPE
COLUMBIA SC 29210-5667
US

3. Date Incorporated or Qualified
01/26/1994

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
57-0987727

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

G T COPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENNETH W. WINGER	
STREET ADDRESS	220 OUTLET POINT BLVD	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	SPRINKLE, DAVID M	<input type="checkbox"/> DELETE
NAME	220 OUTLET POINTE BLVD	
STREET ADDRESS	COLUMBIA SC	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAYLOR, HENRY H	
STREET ADDRESS	220 OUTLET POINTE BLVD	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HAMILTON, BARBARA J	
STREET ADDRESS	220 OUTLET POINTE BLVD	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WHITTAKER, SUSAN A	
STREET ADDRESS	220 OUTLET POINTE BLVD	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAUL R. HUMPHREYS	
STREET ADDRESS	220 OUTLET POINT BLVD	
CITY-ST-ZIP	COLUMBIA SC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	Sr. Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: X

Henry H. Taylor

Henry H. Taylor

VZV97

803-798-2993

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0010653

CR2E034 (9/96)