## 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

## DOCUMENT # F9400000398 1. Corporation Name

Principal Place of Business

LEMC, INC.

Mailing Address

C/O ANITA K D'AMATO

## **FILED** Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90005 009 \*\*\*550.00



1301 GERVAIS ST SUITE 300 COLUMBIA SC 29201 US		C/O ANITA K D'AMATO 1301 GERVAIS STREET. SUITE 300 COLUMBIA SC 29201 US		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  01/26/1994				
						———— <b>—</b>		
Principal Place of Business     2a. Mailing Address					4. FEI Number 57.0007707		pplied For	
21 26					57-0987727		lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	•	May Be I to Fees	
23 Zip					8. This corporation owes the current year In	ntangible		
24	29 30				Personal Property Tax. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	l Agent		
1	J. Hallie Bria / Gabrasa Bria		81	Name				
C T COPORATION SYSTEM			82	Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			83					
			84	City	FI		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 agen	, , , , , , , , , , , , , , , , , , ,		t signature requi	ired when reinstating) DATE	ND DIDECT	ODD 151 42	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE	PD	☐ DELETE	1.1 TITLE			Change		
NAME	KENNETH W. WINGER		1.2 NAME					
STREET ADDRESS	1301 GERVAIS ST, SUITE 300		1.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP	COLUMBIA SC 29201		1.4 CITY-S	f-ZiP				
TITLE	SRVP	☐ DELETE	2.1 TITLE			Change	. Addition	
NAME	SPRINKLE, DAVID M		2.2 NAME					
STREET ADDRESS	1301 GERVAIS ST, SUITE 300		2.3 STREET	ADDRESS				
CITY-ST-ZIP	COLUMBIA SC 29201		2.4 CITY-S	T-ZIP				
TITLE	S	☐ DELETE	3 1 TITLE			☐ Change	Addition	
NAME	TAYLOR, HENRY H		3.2 NAME	İ				
STREET ADDRESS	1301 GERVAIS ST, SUITE 300		3.3 STREET	ADDRESS				
CITY-ST-ZIP	COLUMBIA SC 29201		3.4. CITY-S	T- ZIP				
TITLE	AS	☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME	HAMILTON, BARBARA J		4. 2 NAME					
STREET ADDRESS	1301 GERVAIS ST, SUITE 300		4.3 STREET	ADDRESS				
CITY-ST-ZIP	COLUMBIA SC 29201		44 CITY-S	T-ZIP				
TITLE	AS	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	WHITTAKER, SUSAN A		5.2 NAME					
STREET ADDRESS	1301 GERVAIS ST, SUITE 300		5.3 STREET	ADDRESS				
CITY-ST-ZIP	COLUMBIA SC 29201		5.4 CITY-S	T-ZIP				
TITLE	T	☐ DELETE	6.1 TITLE	-		☐ Change	Addition	
NAME	PAUL R. HUMPHREYS		6.2 NAME					
STREET ADDRESS	1301 GERVAIS ST, SUITE 300		6.3 STREET	r ADDRESS			ļ	
	COUMBIA SC 29201		6.4 CITY-S	!				
CITY-ST-ZIP		th this file a days and availed for the			Section 119 07/3\(ii) Florida Statutes I further o	ortific 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 attacking in with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Taylor 500'U

CR2E034 (11/98)