## **FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED PROFIT** May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)G23795 LAMC, INC. Principal Place of Business Mailing Address W CHARLES M. MCCULLUM % CHARLES M. MCCULLUM 5004 THOMAS DR. 5004 THOMAS DR. PANAMA CITY BCH. FL 32408 PANAMA CITY BCH. FL 32408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1983 2. Principal Place of Business 2a. Mailing Address Applied For 59-2291064 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name MCCULLUM, CHARLES M. 5004 THOMAS DR. 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BCH, FL 32407 83 84 City 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 Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE MCCULLUM, CHARLES M. NAME 1.2 NAME 246 MARLIN CIR. STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY BCH. FL CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Change ☐ Addition TITLE 2.1 TITLE MCCULLUM, DORIS L. NAME 2.2 NAME 246 MARLIN CIR. STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY BCH. FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE LANCASTER, RONALD W NAME 3.2 NAME 5004 THOMAS DR STREET ADDRESS 3.3 STREET ADDRESS PANAMA CITY BCH, FL00000 CITY-ST-ZIP 3 4. CiTY-ST-ZIP DELETE 4 1 TITLE Change Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 73P DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. Thereby 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: 2

NAME

STREET ADDRESS

CITY-ST-ZIP

4/22/98

(850)234-5659