FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G92415** **(0)**

1. Corporation Name

L.B.M., INC.

Principal Place of Business	Mailing Address
248 HWY 27 SOUTH BAY FL 33493	248 HWY 27 SOUTH BAY FL 33493

2. Principal Place of Business	2a. Mailing Address
21	26
Street, Apt. #, etc. 22	Street, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified	3a. Date of Last Report
03/21/1984	01/30/1995

4. FEI Number: **59-2467499** ☐ 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

MCMILLAN, LARRY
16433 YORKSHIRE DRIVE EAST
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name: McMILLAN LARRY
82 Street Address (P.O. Box Numbers Not Acceptable): 1514 LAKE Clay DR.
83
84 City: LAKE PLACID FL 85 Zip Code: 33852

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	MCMILLAN, LARRY	1.2 NAME	
1.3 STREET ADDRESS	~~16433 YORKSHIRE DR. E.~~	1.3 STREET ADDRESS	See above
1.4 CITY-ST-ZIP	~~LOXAHATCHEE FL~~	1.4 CITY-ST-ZIP	
2.1 TITLE	ST ☐ DELETE	2.1 TITLE	ST ☒ Change ☐ Addition
2.2 NAME	MCMILLAN, BARBARA	2.2 NAME	McMillan, Barbara
2.3 STREET ADDRESS	~~16433 YORKSHIRE DR. E.~~	2.3 STREET ADDRESS	1514 LAKE Clay DR.
2.4 CITY-ST-ZIP	~~LOXAHATCHEE FL~~	2.4 CITY-ST-ZIP	LAKE PLACID, FL. 33852
3.1 TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara McMillan 2/1/96 (407)996-2816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #