

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

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AND  
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**95 APR 17 AM 11:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # H93734 (2)**

1. Corporation Name  
**LUBI'S, INC.**

Principal Place of Business      Mailing Address

**11633 BEACH BLVD  
JACKSONVILLE FL 32216-3604**      **11633 BEACH BLVD  
JACKSONVILLE FL 32216-3604**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**01/14/1986**      **04/14/1994**

4. FEI Number      Applied For  
**59-2617689**      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

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      29      29      30

9. Name and Address of Current Registered Agent

**WALLACE, LULA A.  
11633 BEACH BLVD  
JACKSONVILLE FL 32216-3604**

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 reappointing)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PS</b>
NAME	<b>DIRAMO, NICCOLAS F</b>
STREET ADDRESS	<b>14538 SAN PABLO DR N</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>T</b>
NAME	<b>DISHMAN, NINA NANETTE</b>
STREET ADDRESS	<b>4840 BRIGHTON DR</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>COB</b>
NAME	<b>WALLACE, LULA A</b>
STREET ADDRESS	<b>14538 SAN PABLO DR N</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<i>Betty A. Amster</i>
NAME	<i>Betty A. Amster</i>
STREET ADDRESS	<i>5542 BOEING DR.</i>
CITY - ST - ZIP	<i>Jx. Fl. 32207</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>Betty A. Amster</i>
4.3 STREET ADDRESS	<i>5542 BOEING DR.</i>
4.4 CITY - ST - ZIP	<i>Jx. Fl. 32207</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is true and fairly furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or triennial 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 person or persons empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with my address.

**SIGNATURE:** *Nicolas F. Diramo*      **APR 12 1995**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR      Date      Daytime Home #