SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:36

DOCUMENT # **L53201** **(4)**

1. Corporation Name
LM&C, INC.

Principal Place of Business	Mailing Address
% WILLIAM J. LEFFEL 3318 FAIR OAKS PLACE SARASOTA FL 34239 US	% WILLIAM J. LEFFEL 3318 FAIR OAKS PLACE SARASOTA FL 34239 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/23/1990	3a. Date of Last Report: 04/12/1994
2. Principal Place of Business: 21 4213 U. Way N.E.	2a. Mailing Address: 26 4213 U. Way N.E.
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Seattle, WA	City & State: 28 Seattle WA
Zip: 24 98105 Country: 25	Zip: 29 98105 Country: 30
4. FEI Number: 65-0182660	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

LEFFEL, WILLIAM J.
3316 FAIR OAKS PLACE
SARASOTA FL FL 34239

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 _____ DATE
Signature, typed or printed Name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS		11 TITLE	PDS	☒ Change ☐ Addition
NAME	LEFFEL, WILLIAM J.		12 NAME	JOSHUA B. Leffel	
STREET ADDRESS	3318 FAIR OAKS PLACE	RESIGNED	13 STREET ADDRESS	4213 U. WAY N.E.	
CITY-ST-ZIP	SARASOTA FL		14 CITY-ST-ZIP	SEATTLE WA 98105	
TITLE	VDT		21 TITLE		☐ Change ☐ Addition
NAME	LEFFEL, STEPHEN M.	10	22 NAME		
STREET ADDRESS	8306 160 AVE CT. E.		23 STREET ADDRESS		
CITY-ST-ZIP	SUMNER WA		24 CITY-ST-ZIP		
TITLE	D		31 TITLE		☐ Change ☐ Addition
NAME	LEFFEL, WILLIAM J. J	11	32 NAME		
STREET ADDRESS	4324 PACIFIC AVE		33 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA		34 CITY-ST-ZIP		
TITLE	D		41 TITLE		☐ Change ☐ Addition
NAME	LEFFEL, TIMOTHY B.	11	42 NAME		
STREET ADDRESS	24504 147 AVE SE		43 STREET ADDRESS		
CITY-ST-ZIP	KENT WA		44 CITY-ST-ZIP		
TITLE	D		51 TITLE		☐ Change ☐ Addition
NAME	B., TERRANCE	11	52 NAME		
STREET ADDRESS	4828 N BRISTOL		53 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA		54 CITY-ST-ZIP		
TITLE	V		61 TITLE		☐ Change ☐ Addition
NAME	GIGUERE, LINDA L	11	62 NAME		
STREET ADDRESS	4538 BUSTI DRIVE		63 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: Joshua B. Leffel 6/13/95 206-632-8510
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0166174 FP