

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # L94969 (7)**

1. Corporation Name  
**LMC CONTRACTING, INC.**

**FILED**  
 1995 JUL 19 AM 10:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**144 HOLDERNESS DRIVE 144 HOLDERNESS DRIVE**  
**LONGWOOD FL 32779 LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE.

|   |         |                     |         |  |                                |
|---|---------|---------------------|---------|--|--------------------------------|
| 2. Principal Place of Business                  |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified                      | 3a. Date of Last Report        |
| 21  |         | 2b                  |         | 08/22/1990   | 05/01/1994                     |
| Suite, Apt. #, etc.                             |         | Suite, Apt. #, etc. |         | 4. FEI Number  | Applied For                    |
| 22  |         | 27                  |         | 59-3134782   | Not Applicable                 |
| City & State                                    |         | City & State        |         | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required |
| 23  |         | 28                  |         | <input type="checkbox"/>                               |                                |
| Zip   | Country | Zip                 | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees    |
| 24  | 25      | 29                  | 30      | <input type="checkbox"/>                               |                                |
| 9. Name and Address of Current Registered Agent |         |                     |         | 10. Name and Address of New Registered Agent           |                                |

**FABRIZIO, LOUIS R.**  
**144 HOLDERNESS DRIVE**  
**LONGWOOD FL 32779**

|   |                |
|---|----------------|
| 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 re-registering))

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------|---|---|
| TITLE                      | D                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FABRIZIO, LOUIS R | 1.2 NAME  |   |
| STREET ADDRESS             | 144 HOLDERNESS DR | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | LONGWOOD FL       | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 2.2 NAME  |   |
| STREET ADDRESS             |                   | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                   | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 3.2 NAME  |   |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                   | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 4.2 NAME  |   |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                   | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 5.2 NAME  |   |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                   | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 6.2 NAME  |   |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                   | 6.4 CITY - ST - ZIP                                   |   |

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 110.07(3)(b), 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.

SIGNATURE: Louis R. Fabrizio 6/26/95 407-246-0442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Signature Line #)

CR2E034 (3/95)