

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L94969** (7)
1. Corporation Name
LMC CONTRACTING, INC.



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

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

3. Date Incorporated or Qualified: **08/22/1990**
3a. Date of Last Report: **07/19/1995**
4. FEE Number: **59-3134782**
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

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0102 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, Sections 607.0102, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
D
FABRIZIO, LOUIS R
144 HOLDERNESS DR
LONGWOOD FL
[] DELETE
[] DELETE
[] DELETE
[] DELETE
[] DELETE
[] DELETE
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96
[] Change [] Addition
[] Change [] Addition
[] Change [] Addition
[] Change [] Addition
[] Change [] Addition

14. I do hereby certify that the information supplied herein is true and accurately furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included 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. 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. I change or amend attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Louis R. Fabrizio** 4/8/96 407-246-0442

CR2E034 (12/95)