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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

P94000067159 (1)

LUME, INC.

1. Corporation Name

SIGNATURE:

COME									
Principal Place o	f Business	Mailing Address				- I FAGILLERI ING FAFFA DIDIL ADILI DI	III BURK UUIIU UI		1641 11110 1011 1001
1655 WOODMERE DR. JACKSONVILLE FL 32210		1655 WOODMERE DR. JACKSONVILLE FL 32210							
						3. Date Incorporated or Qualified 09/09/1994	3a. Date o	f Last R 2/03/1	
2. Principa Plac		2a. Mailing Address				4. FEI Number			Applied For
21 4503	TRYINGTON AUE.	26				59-3266792			Not Applicable
Suita, Apt. #,		Suite, Apt #, etc.				5. Certificate of Status Desired		•	Additional Required
Oty & State	SCHVILLY TL	City & State				Election Campaign Financing Trust Fund Contribution			May Be
Zq2	Country	Zip	Countr	У		8. This corporation has liability for it		under s	199.032,
24 32210) 25 USA 9. Name and Address of Curr	29	30			Florida Statutes Yes			
	9. Name and Address of Curr	eni negistered Agent	81	ıΤ	Name	10. Name and Address of New R	edistereo w	ent	
UNDER	HILL, CATHERINE			\perp					
1655 W	OODMERE DR.		82	1	Street Addres	ss (P.O. Box Number is Not Acceptable	l ()		
JACKSC	ONVILLE FL 32210		83	<u>'</u>					
			84	•	City		FL	B5 Zij	p Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607,1508, Florida Statut-	es, the above-	na	anied corporat	tion submits this statement for the purp of directors. I hereby accept the appo	pose of chan	jing its r	registered office
familiar with,	, and accept the obligations of, So	action 607.0505, Florida Statutes	S.			and discovers in the copy and copy and coppe		1	ragont ram
SIGNATURE.	mature, typed or printed name of registered ag	and the disprecable (NO	TF Resistance Aug	ool :	signature /equired v	Liben reinglet no.	02/14/ /	76	
12.		AND DIRECTORS	13.		ag alors to parties	ADDITIONS/CHANGES TO OFFI	CERS AND E	IRECTO	ORS IN 12
TIFLE	PD	DELETE	1. 1 TITLE	-				Change	☐ Addition
NAME	UNDERHILL, CATHERINE	. C.	1.2 NAME		:				
STREET ADDRESS	1655 WOODMERE DR.		1.3 STREE	TA	ADDRESS				
CITY+S1-2H	JACKSONVILLE FL		1.4 CITY-	ST-	- ZIP				
III_ {	VDST	DELETE	2 1 TITLE					Change	■ Addition
NAM(UNDERHILL, CARL LEE		2.2 NAME						
STREET ADDRESS	1655 WOODMERE DR.		2 3 STREE		ł				
CHY-SI-ZII:	JACKSONVILLE FL	DELETE	2.4 CITY-		· ZIP		····	Change	Addition
NAMI		L_J better	3 1 TITLE 3 2 NAME		ŀ			Ullange	LJ Addition
STHELL ADDRESS			33 STREE		ADDDECC				
CHY-ST ZIP			3.4 CiTY-						
TITLE		DELETE	4 1 TITLE	-				Change	Addition
NaMt			4.2 NAME						
STREET ADDRESS			4.3 STREE	TA	ADDRESS				
CHY-S1-ZIP			4.4 CiTY -	12	- ZIP				
THE.E		☐ DELETE	5. 1 TITLE					Change	☐ Addition
NAMI:			5 2 NAME						
STREET ADDRESS			53 STREE	ΤA	ADDRESS				
City-St-ZiF		E) outin	5 4 CITY -		· ZIP		F=1	Channa	The Address of
TULE		☐ DELETE	6.1 TITLE				LJ	Change	Addition
NAME			6 2 NAME		ADDDCCC				
STREET ADDRESS ONLY STEZIE			6.3 STREE						
14. I do hereby				es	not qualify for	the exemption stated in Section 119.			
certify that the cath; that I a	he information indicated on this ar	nnual report or supplemental ann rporation or the receiver or truste	ual report is tr e empowered	ue	e and accurate	e and that my signature shall have the report as required by Chapter 607, Flo	same legal ef	fect as if	f made under

(ATTERINE