

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000067159 (1)**

1. Corporation Name
LUME, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4503 IRVINGTON AVE STE 3 JACKSONVILLE FL 32210 US	Mailing Address 1855 WOODMERE DR. JACKSONVILLE FL 32210
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3. Date Incorporated or Qualified 09/09/1994	
4. FEI Number 59-3266792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 824 MARGARET STREET Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FLORIDA	City & State 28
Zip 24 32204	Country 25 USA

9. Name and Address of Current Registered Agent UNDERHILL, CATHERINE 1855 WOODMERE DR. JACKSONVILLE FL 32210	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	UNDERHILL, CATHERINE C.
STREET ADDRESS	1855 WOODMERE DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VDST
NAME	UNDERHILL, CARL LEE
STREET ADDRESS	1855 WOODMERE DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	VD
1.2 NAME	UNDERHILL, CATHERINE C.
1.3 STREET ADDRESS	1855 WOODMERE DR.
1.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32210
2.1 TITLE	PDST
2.2 NAME	UNDERHILL, CARL LEE
2.3 STREET ADDRESS	1855 WOODMERE DRIVE
2.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32210
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 attachment with the address.

SIGNATURE **CARL LEE UNDERHILL** 2-2-98 904-353-2333

CR2E034 (10/97)