

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080330

1. Entity Name

L.M. CONTRACTING, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90002 015 ***158.75

Principal Place of Business 1520 VINSON RAY ROAD BAKER FL 32531	Mailing Address 1520 VINSON RAY ROAD BAKER FL 32531-7902
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2. Principal Place of Business 1529 SKY RANCA LN. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State BAKER, FL	City & State
Zip 32531	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3291261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORGAN, LARRY 1520 VINSON RAY ROAD BAKER FL 32531	7. Name and Address of New Registered Agent Name LARRY R. MORGAN, JR. Street Address (P.O. Box Number is Not Acceptable) 1529 SKY RANCA LANE 1512 VINSON RAY ROAD City BAKER FL Zip Code 32531
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORGAN, LARRY R 1520 VINSON RAY RD. BAKER FL 32531 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORGAN, INA S 1520 VINSON RAY RD. BAKER FL 32531 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with another like incorporated.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LARRY R. MORGAN, JR. 4-21-00 (850) 537-5000

CR2E034 (9/99)