

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000031626 (1)**

1. Corporation Name
LUMLEY ASSOCIATES, INC.



Principal Place of Business
**3463 A PALM CITY AVENUE
PALM CITY FL 34990**

Mailing Address
**3463 A PALM CITY AVENUE
PALM CITY FL 34990-3236**

3. Date Incorporated or Qualified 04/21/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0575226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1000 SW 34th St Suite, Apt. #, etc.	2a. Mailing Address 26 1000 SW 34th St. Suite, Apt. #, etc.
22 City & State 23 Palm City FL	27 City & State 28 Palm City FL
24 34990 Country 25 MARTIN	29 34990 Country 30 MARTIN

9. Name and Address of Current Registered Agent
**SPRINKLE, PHILIP M II
777 SOUTH FLAGLER DRIVE
SUITE 900 EAST
W PALM BEACH FL 33401**

81 Name JAMES R Lumley SR
82 Street Address (P.O. Box Number is Not Acceptable) 1000 SW 34th Street
83
84 City Palm City
85 State FL
86 Zip Code 34990

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  **4/26/97**
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PC LUMLEY, JAMES R.
STREET ADDRESS	1000 SW 34TH STREET
CITY-ST-ZIP	PALM CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	STD WYMER, JULIE
STREET ADDRESS	1000 SW 34TH STREET
CITY-ST-ZIP	PALM CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	D LUMLEY JR., JAMES
STREET ADDRESS	68 LINDA LEE DRIVE
CITY-ST-ZIP	STUART FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D SERRA, DR. JOSE
STREET ADDRESS	306 SE HOSPITAL AVENUE
CITY-ST-ZIP	STUART FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

14. I do 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 an address.

SIGNATURE  **JAMES R Lumley Sr**

CR2E034 (9/96)