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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 POCUMENT # P95000031626 (1)

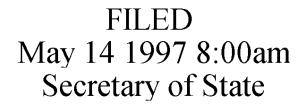
LUMLEY ASSOCIATES, INC.

Principal Place of Business 3463 A PALM CITY AVENUE

Mailing Address

PALM CITY FL 34990

3463 A PALM CITY AVENUE PALM CITY FL 34990-3236





				04/21/1995	05/01/1996
2. Principal P	Place of Business	2a. Mailing Address	3.74	4. £El Number	Applied For
211 1000	300 04 01	26 B 1000 SW 3	54 51.	65-0575226	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	n Chr FL	28 Palm City	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 349		29 3499 D 30	Country MARIA	8. This corporation has liability for it Florida Statutes	ntangible tax under s. 199 032, Yes XI No
	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent
	INKLE, PHILIP M II		81 Name	JAMES R LUMLO	y. 5R
777 SOUTH FLAGLER DRIVE			82 Street A		
SUITE 900 EAST				1000 Sw 34" ST	Reet
W P	ALM BEACH FL 33401		83		
			84 City	PALM CHU	FL 85 34990
11. Pursuant	to the provisions of Sections 607.059.	and 307 1608, Florida Statutes,	the above-named	corporation submits this statement for the p	urpose of changing its registered
agent. 1 a	egistred agent, diviolit, in the state im funiliar with, and a cept the obliga	oi riimexi. Sum change was auth ilio is qi, Secton 607.0505, Floridi	iorized by the corp a Statutes.	corporation submits this tratement for the pooration's board of directors. I hereby acception	it the appointment as registered
SIGNATURE	Ann h	1			41n, 197
	Stgrature, typed or printed name of regist vid age		c	required when rainstaling)	7/26/
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	` •	DELETE	1.1 TITLE		Change Addition
NAME	LUMLEY, JAMES R.		1.2 NAME		
STREET ADDRESS	1000 SW 34TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		1.4 CITY - ST - 7IP		
TITLE	STD HILLS	☐ DELETÉ	21 TITLE		Change Addition
NAME	WYMER, JULIE		2.2 NAME		
STREET ADDRESS	1000 SW 34TH STREET		23 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		2 4 CITY-ST-ZIP		
TITLE	D IAMES	☐ DELETE	3.1 TITLE	•	Change Addition
NAME	LUMLEY JR., JAMES		3.2 NAME		1
STREET ADDRESS	68 LINDA LEE DRIVE		3.3 STHEFT ADDRESS		
CITY-ST-ZIP	STUART FL		3.4. CHY-ST-7IP		
TITLE	D IOOF	DELETE	4.1 THLE		Change Addition
NAME	SERRA, DR. JOSE		4.2 NAME		l
STREET ADDRESS	306 SE HOSPITAL AVENUE		4.3 STREET ADDRESS	<i>t</i> .	
CITY-ST-ZIP	STUART FL	·	4.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 9 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			62 NAME	v	
STREET ADDRESS			63 STREET ADDRESS	• ,	
CITY-ST-ZIP			64 COY-ST-ZIP		

poss not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the nual proof is true and accurate and that my signature shall have the same legal effect as if made under eath; that rustife empreyeered to execute this report as required by Chapter 607, Florida Statutes; and that my name and with an aridiess. information indicated on this Lam an officer or director of appears in Block 12 or Block