SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500063818 (5)

,	
Principal Place of Business	Mailing Address
5563 PENTAIL CIRCLE TAMPA FL 33625-1937 US	5563 PENTAIL CIRCLE TAMPA FL 33625-1937 US

FILED Sep 12 1997 8:00am Secretary of State

LUMINOUS CONSULTING, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/17/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 23-2819072 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8,75 Additional X 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WOLFE, LARRY Name 200-A JOHN KNOX ROAD 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303-6643 83 84 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE WESTBROOK, ROBERT L NAME 1.2 NAME 5563 Pental Circle 5408 FERN DR. STREET ADDRESS 1.3 STREET ADDRESS SPRINGHILL FL 34607 Tampa FL 33625 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition 2.1 TITLE TITLE WESTBROOK, DIANE M 22 NAME NAME 5563 Pentail Circle 5408 FERN DR. STREET ADDRESS 2.3 STREET ADDRESS Tampa FL 33625 SPRINGHILL FL 34607 2. 4 CITY-\$1-2IP CITY-ST-ZIP DELETE Addition Channe TITLE 3.1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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

CICNATURE.

Other

8/2-962-3462