

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075402 (4)

1. Corporation Name

L.M.A. ENTERPRISES, INC.



Principal Place of Business

2950 BELKTON ST.
DELTONA FL 32738

Mailing Address

2950 BELKTON ST.
DELTONA FL 32738

3. Date Incorporated or Qualified
09/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 120 E. NEW HAMPSHIRE
Suite, Apt. #, etc.

2a. Mailing Address

26 120 E. NEW HAMPSHIRE
Suite, Apt. #, etc.

4. FEI Number

S9-3342601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

City & State

23 DELAND FL

City & State

28 DELAND, FL

Zip

24 32724

Country

25 USA

Zip

29 32724

Country

30 USA

9. Name and Address of Current Registered Agent

GIRNON, MORRIS A
2950 BELKTON ST.
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name

LEUE MILLEN

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 607.0506, Florida Statutes.

SIGNATURE

Ann C. Miller

Ann Miller

DATE

4/7/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ann C. Miller

ANN MILLER

4/7/96 (904) 736-7350

CR2E034 (12/95)