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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

R. LAUMIERE 1/21/97 904-932-8735

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091587 (2)

LALUMIERE & LALUMIERE, INC.

| Principal Place | e of Business | Mailing Address | | | | | |
|---------------------------------------|--|--|-------------------------------|----------------------|--|---------------------------------------|----------|
| 397 NAVY COVE BLVD 397 NAVY COVE BLVD | | | | | | | |
| GULF BREEZE | | GULF BREEZE FL 32561- | 4021 | | | | |
| | | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | |
| | | | | | 11/27/1995 | 06/11/1996 | İ |
| 2. Principal Pi | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied F | |
| 21 | | 26 | | | 59-3353247 | Not Applie | |
| Suite, Apt. #, etc | | Surte, Apt. #, etc. | | | | CO 75 Addition | |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee Required | |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | \$5.00 May B | _ |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees | |
| Zφ | Ziji) Country | | Zip Country | | 8. This corporation has liability for | r intangible tax under s. 199.03 | 32, |
| 24 | 25 29 30 | | 30 | | Florida Statutes Yes No | | |
| | 9. Name and Address of Currer | nt Registered Agent | | · | 10. Name and Address of New F | legistered Agent |] |
| MAT | THEWS, EDSEL F JR | | 81 | Name | | | |
| 308 | S JEFFERSON ST | | 62 | Street Add | ress (P.O. Box Number is Not Accept | able) | |
| PEN | SACOLA FL 32501 | | | 0.70011100 | | |] |
| | | | 83 | | | | |
| | | | 84 | City | | 85 Zip Code | |
| | | | | ' | | FL | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statu | ites, the abov | e-named corp | poration submits this statement for the | purpose of changing its regist | tered |
| agent La | egistered agent, or both, in the State m familiar with, and accept the oblig | ations of, Section 607.0505, F | laumonzeo b Iorida Statute | y ine corpora: s. | tion's board of directors. I hereby acc | ept the appointment as registe | rea |
| SIGNATURE | | | | | | | |
| | Signature, type for printed name of regereeding | **** ***** ******** ** *************** | | ent signature requi | red when reinstating) | DATE | |
| 12. | | D DIRECTORS | 13. | ······ | ADDITIONS/CHANGES TO OFF | · · · · · · · · · · · · · · · · · · · | |
| TITLE | DVS | ☐ DELETE | 1.1 TITLE | | | ☐ Change ☐ A | ddition |
| NAME | LALUMIERE, PAUL R | | 1.2 NAMÉ | | | | |
| STREET ADDRESS | 397 NAVY COVE BLVD | | | ADDRESS | | | |
| CITY - ST - ZIP | Gulf Breeze Fl PTD | DELETE | 1.4 CITY -: | ST-ZIP | *************************************** | I Oberes I I 4 | 4400.00 |
| TITLE | _ | בין אנונונ | 2.1 TITLE | | | Change A | ddition |
| NAME | LALUMIERE, KRISTEN B | | 2.2 NAME | | | | |
| STEET ADDRESS | 397 NAVY COVE BLVD GULF BREEZE FL | | | ADDRESS | | | |
| CITY-ST-ZIP | GULF DREEZE FL | DELETE | 2. 4 CITY - | ST-ZIP | ······································ | ☐ Change ☐ A | ddition |
| TITLE | | LJ DILLIL | 3.1 TITLE | | | ☐ Change ☐ Ai | Daltaon |
| NAME | | | 3.2 NAME | | | | |
| STREET ADORESS | | | | ADDRESS | | | |
| CITY-ST-ZIP TITEE | | DELETE | 3.4. CITY - 4.1 TITLE | S1-ZIP | | ☐ Change ☐ A | ddition |
| NAME | | [] DEFETE | 4.1 HILE 4. 2 NAME | | | L Change L A | Mindi |
| | | | | - 1 | | | |
| STREET ACCIDESS | | | | ADDRESS | | | |
| CITY-ST ZIP TITLE | CONTRACTOR OF THE STREET OF TH | DELETE | 4.4 CITY - 5.1 TITLE | 51- ZIP | | Change A | ddition |
| | | L. DECEN | | 1 | | الالتا مقانون التا | Salcoll |
| NAME Sten two nates | | | 5.2 NAME | I ADDDCCC | | | |
| STREET ADDRESS | | | | I ADDRESS | | | |
| CHY-ST-ZIP TITLE | AND A COMMITTEE OF THE PROPERTY OF THE PROPERT | DELETE | 5.4 CITY - 6.1 TITLE | 51-ZIP | | Change A | ddition |
| MAME | ! | L. DECET | 6.2 NAME | | | L Orange L A | gorioti) |
| | | | | r ADDDCCC | | | |
| STREET ADORESS | | | | T ADDRESS | | | |
| C(Tr-ST-2)P 14. Edo heret | by certify that the information supplie | d with this filing does not gua | 6.4 CITY - | | d in Section 119.07(3)(i), Florida Statu | tes. I further certify that the | \dashv |
| informat:: | in indicated on this annual report or | supplemental ännual report is | true and acc | urate and that | t my signature shall have the same leart as required by Chapter 607, Florida | gal effect as if made under oat | h; that |