FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V31865 (1)

1. Corporation Name
L.N.M. INC.

Principal Place of Business	Mailing Address
9797 BAYPINES BLVD ST PETERSBURG FL 33708 US	9797 BAYPINES BLVD ST PETERSBURG FL 33708 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/28/1992
3a. Date of Last Report: 04/19/1994

21	2. Principal Place of Business: 9797 Bay Pines Blvd	26	2a. Mailing Address: 9797 Bay Pines Blvd
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc.
23	City & State: St Petersburg, FL	28	City & State: St Petersburg, FL
24	Zip: 33708	25	County: Pinellas
29	Zip: 33708	30	County: Pinellas

4. FEI Number: 59-3120519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

SOPER, JIM
9797 BAYPINES BLVD
ST PETERSBURG FL 33708

10. Name and Address of New Registered Agent

81 Name: Same.
82 Street Address (P.O. Box Numbers Not Acceptable): 9797 Bay Pines Blvd
83
84 City: St Petersburg FL 85 Zip Code: 33708

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 _____ DATE: March 27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually signed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SOPER, JIM	1.2 NAME	
STREET ADDRESS	9797 BAYPINES BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SOPER, MARY JANE	2.2 NAME	
STREET ADDRESS	9797 BAYPINES BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Jim Soper Jr. March 27/95 (813) 328-5080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0508427 CP