

**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 # P08365 (9)**

1. Corporation Name  
**ILLUMEX CORPORATION**



Principal Place of Business

**2925 HUNLEIGH DR  
SUITE 104  
RALEIGH NC 27604**

Mailing Address

**PO BOX 10461  
RALEIGH NC 27605**

3. Date Incorporated or Qualified  
**12/10/1985**

3a. Date of Last Report  
**01/27/1995**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

4. FEI Number  
**56-1490835**

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAPPELL, R. HAROLD</b>	
STREET ADDRESS	<b>4204 BERRY D SIMS WYND</b>	
CITY - ST - ZIP	<b>RALEIGH NC 27604</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARRISON, NATHANIEL E.</b>	
STREET ADDRESS	<b>1207 NEW HOPE ROAD, EXT.</b>	
CITY - ST - ZIP	<b>RALEIGH NC 27604</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> DELETE
NAME	<b>COUPLAND, RANDY</b>	
STREET ADDRESS	<b>1315 WILLIAMSON DR</b>	
CITY - ST - ZIP	<b>RALEIGH NC 27608</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOGGETT, RON E</b>	
STREET ADDRESS	<b>6131 FALLS OF NEUSE RD</b>	
CITY - ST - ZIP	<b>RALEIGH NC 27609</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EARTHMAN, BILL</b>	
STREET ADDRESS	<b>310 25TH AVE N #103</b>	
CITY - ST - ZIP	<b>NASHVILLE TN 37203</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>J. RANDOLPH COUPLAND</b>
3.3 STREET ADDRESS	<b>724-204 ROYAL ANNE LANE</b>
3.4 CITY - ST - ZIP	<b>RALEIGH, NC 27615</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>R. HAROLD CHAPPELL</b>
6.3 STREET ADDRESS	<b>PO BOX 10461</b>
6.4 CITY - ST - ZIP	<b>RALEIGH, NC 27605</b>

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. RANDOLPH COUPLAND**

**2/6/96**

Date

**919-576-9008**

Daytime Phone #

CR2E034 (12/95)