

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 12 PM 10: 21

DOCUMENT # **H47078 (1)**  
1. Corporation Name  
**LIGHTHOUSE HOLE, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>HARBOR DR. P.O. BOX 1024 BOCA GRANDE FL 33921</b>	Mailing Address <b>HARBOR DR. P.O. BOX 1024 BOCA GRANDE FL 33921</b>
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3. Date Incorporated or Qualified <b>03/11/1985</b>	3a. Date of Last Report <b>04/13/1994</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	25 County	30 County
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4. FBI Number <b>59-2473292</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GILLAN, SHIRLEY  
821 BELCHER RD.  
P.O. BOX 1024  
BOCA GRANDE FL 33921**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required after recording)

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>
NAME	<b>GILLAN, SHIRLEY</b>
STREET ADDRESS	<b>821 BELCHER ROAD</b>
CITY, ST, ZIP	<b>BOCA GRANDE FL</b>
TITLE	<b>SD</b>
NAME	<b>MIGLIACCIO, LIDIJA</b>
STREET ADDRESS	<b>83 ROTONDA CIR.</b>
CITY, ST, ZIP	<b>ROTONDA WEST FL</b>
TITLE	<b>D</b>
NAME	<b>GILLAN, WILLIAM</b>
STREET ADDRESS	<b>821 BELCHER ROAD</b>
CITY, ST, ZIP	<b>BOCA GRANDE FL</b>
TITLE	<b>D</b>
NAME	<b>MIGLIACCIO, SAM</b>
STREET ADDRESS	<b>83 ROTONDA CIR.</b>
CITY, ST, ZIP	<b>ROTONDA WEST FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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 person or institution 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 as an attachment with an address.

SIGNATURE: *Shirley Gillan* 4-6-95 813-964-0511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SHIRLEY GILLAN**