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

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

H47078

(1)

DOCUMENT # 1. Corporation Name LIGHTHOUSE HOLE, INC. Apr 16 1996 8:00 am Secretary of State

**FILED** 

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Principal Place of Business Mailing Address					1 8001811 8411 81814 80814 80814 10	DON ARAN BARAN BARAN BARAN BA		
HARBOR I P.O. BOX BOCA GR		HARBOR DR. P.O. BOX 1024 BOCA GRANDE FL	33921					
					3. Date incorporated or Qualified 03/11/1985	3a. Date of Last R 04/12/1		
Principal Place of Business     The Principal Place of Business		2a. Mailing Address 26		4. FEt Number Applied Fo		Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>\$9.75</b> (1.12)				
22		27		5. Certificate of Status Desired Fee Required				
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
Zip Country		Zip   Country		Added to Fees				
24	25 29		30	у	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 Ro			
			81	Name				
GILLAN, SHIRLEY 821 BELCHER RD.		82	Street Addr	ress (P.O. Box Number is Not Acceptabl	e)			
P.O. BOX 1024		B3						
	GRANDE FL 33921							
			84	City		FL 85 Z	p Code	
O register	o the provisions of Sections 607.050; ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	iua. Such change was aumonz	ea ny the car	named corpor coration's boar	ration submits this statement for the purp rd of directors. I hereby accept the appo	<del></del>	egistered office agent. Lam	
SIGNATURE _								
Signature, typed or printed name of registured agent and fine if applicable [NOTE: 5]  12. OFFICERS AND DIRECTORS		TE: Registered Agr	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DEC IN 40		
TITLE	PTD	DELETE	1. 1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	Addition	
NAME	GILLAN, SHIRLEY		1.2 NAME					
STREET ADDRESS 821 BELCHER ROAD			1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA GRANDE FL		14 CITY-	\$1-7IP			-	
TITLE	MIGLIACCIO, LIDIJA	☐ DELETE	2 1 THILE			Change	☐ Addition	
NAME	83 ROTONDA CIR.		2 2 NAME					
STREET ADDRESS	ROTONDA WEST FL		2.3 STREET ADDRESS				-	
CITY-ST-ZIP TITLE	D	☐ DELETE	2.4 CITY - 3. 1 TITLE	ST-ZIP		[] Channa	CD Addition	
NAME	GILLAN, WILLIAM		3.2 NAME			Change	☐ Addition	
STREET ADDRESS	821 BELCHER ROAD			T ADDRESS			[	
CITY-ST-ZIP	BOCA GRANDE FL		3.4 CITY					
TITLE	D D	☐ DELETÉ	4. 1 TITLE			☐ Change	☐ Addition	
NAME	MIGLIACCIO, SAM 83 ROTONDA CIR.		4.2 NAME					
STREET ADDRESS	ROTONDA WEST FL		4.3 STREE	I ADDRESS				
CITY-S1-ZIP	MOTORION MEDITE	□ no erc	4.4 CHTY-	ST-ZIP				
TITLE NAME		☐ DEFELE	5 1 TITLE			☐ Change	☐ Addition	
STREET ADDRESS			5 2 NAME 5 3 STREE	Annaten			1	
CITY-ST-ZIP			5 4 CITY -:				ļ	
TITLE		DELETE	6. 1 TITLE	21 - 217		☐ Change	Addition	
NAME		_	6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP			6.4 CITY - 1	ST-ZIP				
<ol><li>14. I do hereby</li></ol>	certify that the information supplied:	with this filing is voluntarily furn	ished and doe	s not qualify fo	or the exemption stated in Section 119.0	7(3)/b) Etorida Statut	oc 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 33 if changed, or on an attachment with an address.

SIGNATURE:

941-964-0511 Dayring Proper d 0211