

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Moxham  
Secretary of State  
DIV. OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **H99907** (8)

1. Corporation Name  
**D & B LIGHTHOUSE, INC.**

95 MAY - 1 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1544 PERIWINKLE WAY  
SANIBEL ISLAND FL 33957

Mailed Address: 1544 PERIWINKLE WAY  
SANIBEL ISLAND FL 33957

3. Date Incorporated or Qualified <b>02/18/1986</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2667178</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. The corporation has liability for intangible tax under S. 194(3), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2b. Mailed Address
21. State Apt # etc.	26. State Apt # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**HOGGATT, DAVID L.  
972 FITZHUGH ST.  
SANIBEL ISLAND FL 33957**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. City  
84. City  
**FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1509, 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 607.0902, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME PD <b>HOGGATT, DAVID L.</b> STREET ADDRESS <b>972 FITZHUGH STREET</b> CITY, STATE, ZIP <b>SANIBEL FL</b>	NAME 1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1555 Bunting LN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1555 Bunting LN.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in section 194(3), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am a resident of the State of Florida and that I am not a partner or partner pro se in any partnership or partnership organized to receive the report as required by chapter 607, Florida Statutes, and that my name appears on Block 12 or 13 of this report or on an attached addendum.

SIGNATURE: *Barbara B. Moxham*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

*4-27-95* (813) 472-4330