

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Tallahassee, Florida
Tallahassee, Florida

ALLOWED
FEB 1996

55 MAY 10 1996 8:15

REC. DIV. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000081003 (4)**

FLORIDA DOME LIGHTING AND REMODELING, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Office Location 4820 N DAVIS HWY PENSACOLA FL 32503 US		2a. Mailing Address 4820 N DAVIS HWY PENSACOLA FL 32503 US		3. Date of Report 11/18/1993		3a. Date of Last Report 05/01/1994	
2. Principal Office Location 501 E. BURGESS RD State Apt # of Apt E.E City & State PENSACOLA, FL Zip 32504 US		2a. Mailing Address PO BOX 10358 State Apt # of City & State PENSACOLA FL Zip 32524 US		4. FET Number 59-3219786		Applied For Not Applicable	
22. State Apt # of Apt E.E		27. State Apt # of		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State PENSACOLA, FL		28. City & State PENSACOLA FL		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Zip 32504 US		29. Zip 32524 US		8. This corporation has liability for franchise tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent UNDERWOOD, ROBERT W 501 BURGESS RD PENSACOLA FL 32504				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 607.05(5) 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 607.05(5), Florida Statutes.							
SIGNATURE							
12. OFFICERS AND DIRECTORS							
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY							
14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the exemption stated in law here. I understand Florida Statutes, Chapter 607, that the information is included in the annual report or supplemental annual report as required in law 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 of the corporation or the person who caused the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an affidavit filed with an address.							

SIGNATURE:

Robert Underwood

Robert UNDERWOOD

5-11-95

477-8010