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Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V07651 (5)  
1. Corporation Name  
FLORIDA LITES, INC.



Principal Place of Business  
FLORIDA LITES, INC  
LAKELAND FL 33801 US

Mailing Address  
1806 W OLIVE STR  
LAKELAND FL 33815-4050 US

3. Date Incorporated or Qualified 01/17/1992  
3a. Date of Last Report 03/06/1996

2. Principal Place of Business  
21 FLORIDA LITES, INC.  
22 3832 MARQUISE LANE.  
23 Mulberry FLA  
24 33860  
25 USA

2a. Mailing Address  
26 3832 MARQUISE LANE.  
27 Suite, Apt. #, etc.  
28 Mulberry FLA.  
29 33860  
30 USA

4. FEI Number 59-3105710  
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  
WEAVER, DONALD K.  
3832 MARQUISE LANE  
MULBERRY FL 33860

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: *Donald K. Weaver* DATE: 4/15/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEAVER, DONALD K.	
STREET ADDRESS	3832 MARQUISE LANE	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLINGSWORTH, RICHARD	
STREET ADDRESS	5190 MISTY LAKE DRIVE	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOBER, JIM	
STREET ADDRESS	727 FLAMINGO DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donald K. Weaver* DATE: 4/15/97 (941) 425-5427  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)