

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90113 047 \*\*\*150.00

0151396

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 444613

1. Corporation Name  
THE LITE TOUCH, INC.

Principal Place of Business  
96000 OVERSEAS HIGHWAY E-9  
KEY LARGO FL 33097

Mailing Address  
96000 OVERSEAS HIGHWAY E-9  
KEY LARGO FL 33097

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/22/1974

4. FEI Number  
59-1506896

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 1571 MAYFLOWER CT.  
Suite, Apt. #, etc.  
22  
City & State  
23 WINTER PARK, FL  
Zip  
24 32792-2581  
Country  
25  
2a. Mailing Address  
26 Rt 1, Box 310  
Suite, Apt. #, etc.  
27 BASS TRAIL  
City & State  
28 CRESCENT CITY, FL  
Zip  
29 32112  
Country  
30 PUTNAM

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMPSETT, C.E.  
96000 OVERSEAS HIGHWAY E-9  
KEY LARGO FL 33097

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
1571 MAYFLOWER CT.  
83  
84 City  
WINTER PARK  
FL  
85 Zip Code  
32792

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS TOMPSETT, C E E-9 BUTTWOOD BAY KEY LARGO FL	1.1 TITLE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME		2.1 TITLE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
STREET ADDRESS		3.1 TITLE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
CITY-ST-ZIP		4.1 TITLE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	VPS HAGMAN, LINDA 248 NEW WATERFORD PL LONGWOOD FL	5.1 TITLE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME		6.1 TITLE	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99  
Date

Daytime Phone #

CR2E034 (1/98)