

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **551376** (7)
1. Corporation Name
LIGHTING, INC.

Principal Place of Business
**29703 US 19 N
CLEARWATER FL 34621**

Mailing Address
**29703 US 19 N
CLEARWATER FL 34621-1524**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1977	3a. Date of Last Report 05/10/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1773166	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
DACOSTA, CARROLL C. 29703 US 19 N CLEARWATER FL 34621		<table border="1"> <tr> <td>81</td> <td>Name</td> </tr> <tr> <td>82</td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84</td> <td>City</td> </tr> <tr> <td>85</td> <td>Zip Code</td> </tr> </table>		81	Name	82	Street Address (P.O. Box Number is Not Acceptable)	83		84	City	85	Zip Code
81	Name												
82	Street Address (P.O. Box Number is Not Acceptable)												
83													
84	City												
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

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	PTS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DACOSTA, CARROLL C	1.2 NAME	
STREET ADDRESS	29703 US 19 NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	
TITLE	AVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, SARA S	2.2 NAME	
STREET ADDRESS	3817 LAKE ST GEORGE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DACOSTA, EDWARD	3.2 NAME	
STREET ADDRESS	29703 US 19 NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	AVP
STREET ADDRESS		4.3 STREET ADDRESS	WAYNE E. FLOYD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1606 CAMBRIDGE DRIVE
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carroll C. Dacosta **CARROLL C. DACOSTA** - 4/24/97 (813) 784-8593

CR2E034 (9/96)