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

PROFIT CORPORATION: **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Morths n

Socretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 607008 H & P LIGHTNING PROTECTION, INC.

(0)

Principal Place of Business

Mailing Address

FILED Jun 17 1997 8:00am Secretary of State



9210 N. PALAF PENSACOLA F			9210 N. PALAFOX ST. PENSACOLA FL 32534-3038									
								3. Date Incorporated or Qualified 01/17/1979 3a. Date of Last Report 05/01/1996				
2. Principal Place of Business			2a. Mailing Address	2a. Mailing Address				4. FEI Number			Applied For	
21			26					59-1854214			Not Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc	27				5. Certificate of Status Desired	X'	* \$8.75 Additional Fee Required		
City & State	0	THE RESIDENCE AND ADDRESS OF THE STATE AT THE STATE OF	City & State	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25		Ζφ 29	30]		y 		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
		nd Address of Currer	nt Registered Agent					0. Name and Address of New Re	gistered	Agent		
	MILTON, JAM				81	Name						
9210 N PALAFOX ST. PENSACOĽA FL 32534					82	Street	Address	dress (P.O. Box Number is Not Acceptable)				
					83							
				ļ	84	City			FL	85 2	7ip Code	
l office or re	regi ste red ager	nt, or both, in the State	02 and 607.1508, Florida S of Florida Such change ations of, Section 607.050	was authorize	d by	the con	l corporat poration's	ion submits this statement for the p board of directors. I hereby accep	urpose of the app	of changir pointment	ng its registered Las registered	
SIGNATURE		printed name of registeriid age		(NOTE: Bogistere:			e requirad w	en (Gastating)	JAG			
12.			D DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC		D DIRECT	TORS IN 12	
TITLE	P		DELFTI	E 1.1 TI	1LE		VP	-		Chan	ge Addition	
NAME	HAMILTON			1.2 N	M É		DYC	KMAN, PAVID CARE	10 W			
STREET ADDRESS 9210 N PALAFOX				1.3 S		STREET ADDRESS 48		12 11 11 15 11				
CITY-ST-ZIP		A, FL 00000		1.4 CI	TY-S	t - ZIP	mo	CNO,FC.				
TITLE	ST		DELETI	2.1 TO	ΙE					☐ Chan	ge 🗌 Addition	
NAME		DAVID CARLTON	· ·	2.2 N/	ME							
STREET ADDRESS 4542 HIWAY 95A				23 STREET ADD		ADDRESS						
CITY-ST-ZIP	MOLINO FI	<u> </u>	DELET	240		1 - 769				T7 0		
TITLE NAME			FT DETER							☐ Char	ge L_ Addition	
STREET ADDRESS				3 2 N/		LOADE OF						
						AODRESS					-	
CITY-ST-ZIP TITLE		·	☐ DELET	3.4. C E 4 1 11		1 - 7 IF				☐ Chan	ge Addition	
NAME				4.2 N			1				35 - 1100/1101	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				4.4 CI								
TITLE			DELET			. 27				Chan	ge Addition	
NAME				5.2 N/	ME							
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				5.4 CI								
TITLE	· · · · · · · · · · · · · · · · · · ·	• 	DELET							Chan	ge Addition	
NAME				6.2 NA	ME							
STREET ADDRESS				6.3 ST	REET	ADDRESS						
CITY-ST-ZIP				6.4 CI	TY-S	I - 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 logal effect as if made under oath; that I am an officer or director of the corporation or the roce for 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 chapter, or or an officeror with an address.