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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

rincipal Plac	MENT # G7105 GHTING SUPPLY, INC. Te of Business	Mailing Address					
1177 CATTLMEN RD SARASOTA FL 34232		1177 CATTLEMEN AD SARASOTA FL 34232-281	3	\			
S	V1546	US	•				
				3. Date Incorporated or Qualified 11/21/1983		of Last Re 1/1996	aport
, Principal P	Place of Business	2a. Mailing Address	·	4. FEI Number 65-0106588		Ap	plied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.				\$8.75	t Applicable
		27		5. Certificate of Status Desired	L.J	Fee Re	
City & Stat	te	City & State		6. Election Campaign Financing		\$5.00 Added t	
Zφ	Country		Country	Trust Fund Contribution 8. This corporation has liability for			
<u> </u>	25	29	30	Florida Statutes	Yes 🗆	No	
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New I	Registered Ag	ent .	
	ODLESS, KIRK I.N.		81 Name				
	32CATTLEMEN RD IASOTA FL 34237		82 Street Add	dress (P.O. Box Number is Not Accept	lable)		
חאט	NOUNTE OTEST		83		·	····-	
			84 City			85 Zip (`nda
					FL		
OHIOU OF	regione en agent, or board, in the one			ation's board of directors. I hereby acc			
	arn familiar with, and accept the ob-		Torida Statutes. DIE Registered Agent signature requ	poration submits this statement for the ation's board of directors. I hereby accurred when reinstance)	DATE DATE		
GNATURE	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable (NC			DATE FICERS AND D	DIRECTOR	S IN 12
IGNATURE 2.	Signature: typed or posted name of registored OFFICERS A	agent and trie if applicable (NC	TE Registered Agent signature required 13.	uired when reinstating)	DATE FICERS AND D		S IN 12
IGNATURE 2. 7LE	Signature, typied or posited name of registered OFFICERS # PT GOODLESS, KIRK 1	agent and title if applicable (NC	TE Registered Agent signature required. 13. 1.1 TiTLE 1.2 NAME	uired when reinstating)	DATE FICERS AND D	DIRECTOR	S IN 12
IGNATURE R. RLE MAE REE I ADDRESS	Significantly by the distribution of the state of the sta	agent and title if applicable (NC	13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE FICERS AND D	DIRECTOR	S IN 12
IGNATURE 2. TLE AME THEFT ADDRESS TY-ST-ZIP	Signature, typied or posited name of registered OFFICERS # PT GOODLESS, KIRK 1	agent and title if applicable (NC	TE Registered Agent signature required. 13. 1.1 TiTLE 1.2 NAME	uired when reinstating)	DATE FICERS AND D	DIRECTOR	S IN 12
IGNATURE 2. 7LE MME HEET ADDRESS TY-ST-ZIP ILE	PT GOODLESS, KIRK I 1177 CATTLEMEN RD SARASOTA, FL 00000 S GOODLESS, KIRK	agent and tide if applicable (NC AND DIRECTORS DELETE	13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	uired when reinstating)	DATE FICERS AND D	DIRECTOR Change	S IN 12
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May 13 1997 8:00am

Secretary of State