

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # G89589 (7)

1. Corporation Name

ARCHITECTURAL SALES & ILLUMINATION, INC.

Principal Place of Business

~~1885 CORPORATE SQUARE BLVD.~~  
~~JACKSONVILLE FL 32216~~

Mailing Address

~~1885 CORPORATE SQUARE BLVD.~~  
~~JACKSONVILLE FL 32216~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1984

4. FEI Number

59-2410100

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1815 University Blvd, North

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL 32211

Zip

Country

24 32211

25 USA

2a. Mailing Address

26 1815 University Blvd, North

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip

Country

29 32211

30 USA

9. Name and Address of Current Registered Agent

WALKER, JAMES V.  
10151 DEERWOOD PARK BLVD  
BLDG 100, #200  
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

217 Ponte Vedra Park Drive

83

84 City

Ponte Vedra Beach

FL

85 Zip Code

32082

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

TITLE ☐ DELETE

NAME DPC  
MYERS, BRUCE J.  
STREET ADDRESS 1885 CORPORATE SQ. BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME OS  
MYERS, SUSAN D.  
STREET ADDRESS 1885 CORPORATE SQ. BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1815 University Blvd, North  
Jacksonville, FL 32211

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1815 University Blvd, North  
Jacksonville, FL 32211

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE

*Sandra B. Mortham*

4-15-98 904-724-0500

CR2E034 (10/97)