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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H13784

(4)

1. Corporation Name

LITE FLITE INCORPORATED

Principal Place of Business

% RICHARD K. DERRIDINGER  
2307 PALM AVE  
SEFFNER FL 33584

Mailing Address

% RICHARD K. DERRIDINGER  
2307 PALM AVE  
SEFFNER FL 33584



2. Principal Place of Business

2a. Mailing Address

21 6010 BONACKER DR

26 6010 BONACKER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 TAMPA FL

27 TAMPA FL

City & State

City & State

23

28

Zip

Country

Zip

Country

24 33610

25 USA

29 33610

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DERRIDINGER, RICHARD K.  
2307 PALM AVE  
SEFFNER FL 33584

81 Name

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

83

84

6010 BONACKER DR

City

TAMPA

FL

85 Zip Code

33610

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 for 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 607.0502, Florida Statutes.

SIGNATURE

*Richard K. Derringer* R.K. DERRIDINGER

4-24-96

(Signature of the person named in Block 9, 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 PD  
NAME DERRIDINGER, RICHARD K.  
STREET ADDRESS 2307 PALM AVE  
CITY-ST-ZIP SEFFNER FL ☐ DELETE

TITLE VD  
NAME DERRIDINGER, R.K., JR.  
STREET ADDRESS 2307 PALM AVE  
CITY-ST-ZIP SEFFNER FL ☐ DELETE

TITLE STD  
NAME DERRIDINGER, LIBBY  
STREET ADDRESS 2307 PALM AVE  
CITY-ST-ZIP SEFFNER FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☒ Change ☐ Addition

6010 BONACKER DR  
TAMPA FL 33610

☒ Change ☐ Addition

6010 BONACKER DR  
TAMPA FL 33610

☒ Change ☐ Addition

6010 BONACKER DR  
TAMPA FL 33610

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Richard K. Derringer* R.K. DERRIDINGER 4-24-96 813-628-0317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)