

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H24091** (1)

1. Corporation Name

SOUTHERN STATES LIGHTING, INC.



Principal Place of Business

**780 DELTONA BLVD #201
DELTONA FL 32725
US**

Mailing Address

**780 DELTONA RD #201
DELTONA FL 32725
US**

3. Date Incorporated or Qualified
10/04/1984

3a. Date of Last Report
01/24/1995

4. FEI Number

59-2448531

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDERMITT, WILFORD F.
780 DELTONA BLVD #201
DELTONA FL 32725**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Registered Agent or authorized officer of the corporation)

(Signature of Registered Agent or authorized officer of the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
PD	MCDERMITT, WILFORD F.	215 CADDIE CT	DEBARY FL	☐
VP	PATRICK, DENNIS M.	84 GODDARD DRIVE	DEBARY FL	☐
				☐
				☐
				☐
				☐
				☐

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change ☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change ☐ Addition
2. TITLE	3. NAME	4. STREET ADDRESS	5. CITY-ST-ZIP	☐ Change ☐ Addition
3. TITLE	4. NAME	5. STREET ADDRESS	6. CITY-ST-ZIP	☐ Change ☐ Addition
4. TITLE	5. NAME	6. STREET ADDRESS	7. CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP	☐ Change ☐ Addition
6. TITLE	7. NAME	8. STREET ADDRESS	9. CITY-ST-ZIP	☐ Change ☐ Addition
7. TITLE	8. NAME	9. STREET ADDRESS	10. CITY-ST-ZIP	☐ 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: *Wilford F. McDermitt* - **WILFORD F. McDermitt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

DATE

407-574-0500

PHONE NUMBER

CR2E034 (12/95)