

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90162 019 ***150.00

DOCUMENT # H24091

1. Entity Name

SOUTHERN STATES LIGHTING, INC.

Principal Place of Business

352 HAMPTON HILLS CT.
DEBARY FL 32713
US

Mailing Address

352 HAMPTON HILLS CT
DEBARY FL 32713-4534
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2448531

Applied For

Not Applied

5. Certificate of Status Desired

5

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDERMITT, WILFORD F.
352 HAMPTON HILLS CT
DELTONA FL 32713

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

5.00 may be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

PD

NAME

MCDERMITT, WILFORD F.

STREET ADDRESS

352 HAMPTON HILLS CT

CITY-ST-ZIP

DEBARY FL 32713

Delete

TITLE

NAME

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CITY-ST-ZIP

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CITY-ST-ZIP

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13. 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 report or supplemental 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 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILFORD F. MCDERMITT

01/27/00

407

268-964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #