FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H48455** **(0)**

1. Current Name
LIGHTING UNLIMITED OF PANAMA CITY, INC.

Principal Place of Business
914 W. 26TH ST.
LYNN HAVEN FL 32444

Mailing Address
914 W. 26TH ST.
LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/21/1985**
3a. Date of Last Report: **08/10/1994**

2. Prior Name of Business
21

2a. Mailing Address
26

Suite, Apt. # etc.
22

Suite, Apt. # etc.
27

City, State
23

City, State
28

Zip 24 | County 25

Zip 29 | County 30

4. FEI Number: **59-2514567** ☐ 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 initially filed an application for under s. 1244(c) Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HILBURN, FRANCES LAVONNE
925 RADCLIFF AVE
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

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 607.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. Title	PD	1. Title	☐ Change ☐ Addition
1. Name	HILBURN, FRANCES LAVONNE	1. Name	
1. Street Address	925 RADCLIFF AVE	1. Street Address	
1. City-St-Zip	LYNN HAVEN FL	1. City-St-Zip	
2. Title	D	2. Title	☐ Change ☐ Addition
2. Name	HILBURN, D.E.	2. Name	
2. Street Address	925 RADCLIFF AVE	2. Street Address	
2. City-St-Zip	LYNN HAVEN FL	2. City-St-Zip	
3. Title	VP	3. Title	☐ Change ☐ Addition
3. Name	EDWARDS, KAREN	3. Name	
3. Street Address	215 ALABAMA AVE	3. Street Address	
3. City-St-Zip	LYNN HAVEN FL	3. City-St-Zip	
4. Title	ST	4. Title	☐ Change ☐ Addition
4. Name	EDWARDS, MIKE	4. Name	
4. Street Address	215 ALABAMA AVE.	4. Street Address	
4. City-St-Zip	LYNN HAVEN FL	4. City-St-Zip	
5. Title		5. Title	☐ Change ☐ Addition
5. Name		5. Name	
5. Street Address		5. Street Address	
5. City-St-Zip		5. City-St-Zip	
6. Title		6. Title	☐ Change ☐ Addition
6. Name		6. Name	
6. Street Address		6. Street Address	
6. City-St-Zip		6. City-St-Zip	

14. I hereby certify that the information supplied with this report is accurately transcribed and 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 added to the report.

SIGNATURE: Lavonne Hilburn **LAVONNE HILBURN** **5-1-95** **904-265-1834**
SIGNATURE AND TYPED OR PRINTED NAME OF DOING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033048 CP