

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

FILED  
May 05 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 # **H48455** (0)  
1. Corporation 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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/21/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2514567	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

Signature, typed or printed name of registered agent 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	11 TITLE	
NAME	HILBURN, FRANCES LAVONNE	12 NAME	
STREET ADDRESS	925 RADCLIFF AVE	13 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	
NAME	HILBURN, D.E.	22 NAME	
STREET ADDRESS	925 RADCLIFF AVE	23 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	
NAME	EDWARDS, MIKE	32 NAME	
STREET ADDRESS	215 ALABAMA AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	34 CITY-ST-ZIP	
TITLE	<del>ST</del>	41 TITLE	
NAME	<del>EDWARDS, MIKE</del>	42 NAME	
STREET ADDRESS	<del>215 ALABAMA AVE.</del>	43 STREET ADDRESS	
CITY-ST-ZIP	<del>LYNN HAVEN FL</del>	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	
NAME	WEBER, CHARLES C.	52 NAME	
STREET ADDRESS	925 RADCLIFF AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

AC TSK SGT. MIKE EDWARDS W.F. SL 4-22-98 925 RADCLIFF AVE

CR2E034 (10/97)