

**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 # J26831**

**(4)**

1. Corporation Name:

**LIFE-LITE ELECTRIC COMPANY**



Principal Place of Business

Mailing Address

~~123 NE RACETRACK ROAD~~  
~~FT. WALTON BEACH FL 32547~~

**P.O. BOX 1349  
DESTIN FL 32540**

2. Principal Place of Business

2a. Mailing Address

**21 109 Hwy 98 E.**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 I**

**27**

City & State

City & State

**23 Destin FL**

**28**

Zip

Zip

Country

Country

**24 32541**

**25 USA**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**08/01/1986**

3a. Date of Last Report

**07/10/1995**

4. FEI Number

**59-2759774**

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. 193.032,  
Florida Statutes ☐ Yes ☐ No

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 607.1504, 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 principal officer and director of the corporation

Signature of registered agent or principal officer and director of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	LANEVE, DOMINICK	
STREET ADDRESS	190 BENT ARROW DRIVE	
CITY-STATE-ZIP	DESTIN FL	
TITLE	SM	<input type="checkbox"/> DELETE
NAME	LANEVE, LISA	
STREET ADDRESS	190 BENT ARROW DRIVE	
CITY-STATE-ZIP	DESTIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

**900001843039**

**-05/23/96-0110-022**

**\*\*\*200.00**

SIGNATURE:

*Lisa Laneve*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LISA LANEVE**

**5-13-96**

**904 882 9585**

CR2E034 (12/95)