

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:01

DOCUMENT # L34362

(8)

1. Corporation Name

FIRSTLIGHT ELECTRICAL, INC.

Principal Place of Business

7000 SW 64 CT
MIAMI FL 33143
US

Mailing Address

RT 5 BOX 111
NASHVILLE IN 47448
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/06/1989

3a. Date of Last Report

03/04/1994

4. FEI Number

65-0160942

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

9. Name and Address of Current Registered Agent

ROBINSON, GEOFFREY K.
5709 S.W. 62ND AVENUE
MIAMI FL 33143

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 of Registered Agent or Registered Agent and Officer or Director)

(Signature of Registered Agent or Registered Agent and Officer or Director)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D
2. NAME	HEBERT, GARY RALPH
3. STREET ADDRESS	7000 S.W. 64TH COURT
4. CITY - ST - ZIP	MIAMI FL
5. NAME	D
6. NAME	DAVIS, SCOTT KNIGHT
7. STREET ADDRESS	6741 S.W. 68TH TERRACE
8. CITY - ST - ZIP	MIAMI FL
9. NAME	
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. NAME	
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. NAME	
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	
21. NAME	
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	2357 North Grandma Barnes
8. CITY - ST - ZIP	Nashville IN 47448
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	

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)(b), Florida Statutes. I further certify that the information included 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. 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 of this report, or in a statement with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BORROWING OFFICER OR DIRECTOR

3/15/95

62-988-6014