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File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED STORETARY OF STATE DIVILION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 99 MAR 10 PM 3: 13 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** 197000000210 Name and Mailing Address of Limited Liability Company WILSON LIGHTING OF NAPLES, L.C. 1a. Principal Place of Business Address C/O RICHARD GORGA, CPA 3435 10TH ST N, #301 C/O RICHARD GORGA, CPA 3435 10TH ST N, #301 NAPLES FL 34103 NAPLES FL 34103 28. Mailing Address

2465 TIMDE CENTIFWAY
Suite, Apt #, etc. 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2465 TVADE CENTER WAY 02/12/1997 \mathbf{F} L 4. FEI Number Applied For 59-3421728 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired 05/01/1998 \$8.75 Additional Fee Required Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GORGA, RICHARD 3435 10TH ST N, #\$301 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34103 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE tik gistered Agent A. («ping Apportment) – (Miller Begistered Agent signature trespret wies reinstation 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR WILSON, ROBERT III 10530 MARTY OVERLAND PARK KS **377,50 ****188.7

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the

TYP, IN OR POIL IN DENAME, OF SIGNERS MANAGINES MEMBERTOR MESSAGER

powered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an

SIGNATURE:

limited liability company or the receiver or truste attachment with an address