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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M85236

(1)

THE LAMP SHELL, INC.

Principal Place of Business

.

Mailing Address

FILED Apr 08 1998 8:00am Secretary of State



% WILLIAM B. HAMILTON, JR. W WILLIAM B. HAMILTON, JR. 1433 THIRD ST., SOUTH 1433 THIRD ST., SOUTH DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32250 JACKSONVILLE FL 32250 3. Date Incorporated or Qualified 06/08/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21695B Ponte Vedra Blvd 26 695B Ponte Vedra Blvd 59-2894501 Not Applicable No 103 \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be Ponte Vedra Bch, FL Ponte Vedra Bch. FL 23 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 32082 32082 Yes USA 25 USA Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HAMILTON, WILLIAM B., JR. Same 1433 THIRD ST., SOUTH Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32250 695B Ponte Vedra Blvd No. 84 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 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE HAMILTON, WILLIAM B., JR 1.2 NAME NAME 6958 PONTE VEDRA BLVD STREET ADDRESS 1.3 STREET ADDRESS PONTE VEDRA BCH. FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SY-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 em 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:

Stot tomale 11

P17/98 (904) 285-3650