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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M85236

1. Corporation Name

THE LAMP SHELL INC

IHE LAM	P SHELL, INC.							
Principal Place	of Business	Mailing Address			i legissii ja i idigi dilia yada ililia aili aleh			
695B PONTE VE	DRA BLVD	695B PONTE VEDRA BLVD						
NO. 103 NO. 103			,		DO NOT WRITE IN THI	S SPACE		
POONTE VEDRA BEACH FL 32082 US		PONTE VEDRA BEACH FL 32082 US			3. Date Incorporated or Qualifed 06/08/1988			
a Bringingt Di	and of Rusiness	2a. Mailing Address			4. FEI Number	- AI	pplied For	
-	ace of Business	26			59-2894501	N(ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.	-		5. Certificate of Status Desired		Additional	
22	,, 5.5.	27			5. Certificate of Status Desired		tequired	
City & State	9	City & State			6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country		Country		8. This corporation owes the current year in		⊠No	
24	25	29 30			Personal Property Tax.	∐ Yes	ZSINO	
	9. Name and Address of Curren	t Registered Agent	-		10. Name and Address of New Registered	J Agent		
	II TON MUNICIPAL DE ID		81	Name				
Hamilton, William B., Jr. 695B Ponte Bedra Blvd No. 103			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		<u> </u>	
PON	TE VEDRA BEACH FL 32082		83					
			84	City	F	85 Zip	Code	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ID DIRECTORS	13.	nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT		
TITLE	D	☐ DELETÉ	1.1 TITLE			[] Criange		
NAME	HAMILTON, WILLIAM B., JR		1.2 NAME					
STREET ADDRESS	695B PONTE VEDRA BLVD			T ADDRESS				
CITY-ST-ZIP	PONTE VEDRA BCH. FL		1.4 CITY-5	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
TITLE		☐ DELETE	2.1 TITLE				_	
NAME			2.2 NAME					
STREET ADDRESS				T ADDRESS	•			
CITY-ST-ZIP		☐ DELETE	2.4 CITY- 3.1 TITLE	S1-ZIP		☐ Change	a Addition	
TITLE			3.2 NAME		•			
NAME				T ADDRESS				
STREET ADDRESS			3.4. CITY-		:			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	5(-2)		☐ Change	e 🔲 Addition	
TITLE			4. 2 NAME					
NAME OTDEET ADODESE	.)			ET ADDRESS				
STREET ADDRESS			4.4 CITY-					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			Change	e	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	ET ADDRÉSS				
CITY-ST-ZIP			5.4 CITY-					
TITLE		☐ DELETE	6.1 TITLE			Change	e	
NAME			6.2 NAME					
	.1		6.3 STRE	ET ADDRESS				

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIRECTOR EN

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 angrecourate 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 with all other like empowered. W. B. Hamilton, Jr.

6.4 CITY-ST-ZIP

02/01/99

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90008 034 ***150.00