

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 PM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M93151 (2)**

1. Corporation Name
FLORIDA LIGHTING CONSULTANTS, INC.

Principal Place of Business
**11429 NW 35TH ST
CORAL SPRINGS FL 33065
US**

Mailing Address
**11429 NW 35TH ST.
CORAL SPRINGS FL 33065
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/03/1988

3a. Date of Last Report
08/05/1994

2. Principal Place of Business

21 **1421 SW 87TH TERRACE**

22 **PEMBROKE PINES**

23 **FLORIDA**

24 **33025**

25 **USA**

2a. Mailing Address

26

27 **SAME**

28

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4. FEI Number
65-0075966

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**

9. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HUDSON DONALD D
11429 NW 35TH ST
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name
HUDSON DONALD D

82 Street Address (P.O. Box Number is Not Applicable)
1421 SW 87TH TERRACE

83

84 City
PEMBROKE PINES FL

85 Zip Code
33025

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 **Donald D. Hudson, President** *Donald D. Hudson* **4/25/95**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rotating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUDSON, DONALD D.
STREET ADDRESS	19458 SW 103 CT.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	HUDSON, DONALD D.
1 3 STREET ADDRESS	1421 SW 87TH TERRACE
1 4 CITY - ST - ZIP	PEMBROKE PINES, FL 33025
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate 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.

SIGNATURE: **Donald D. Hudson** *Donald D. Hudson* **4/25/95** **705.354.2358**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #