

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005305 (6)**

1. Corporation Name

LITERARY LIGHTS, INC.

Principal Place of Business

Mailing Address

**1406 HAMLET AVENUE
APT. #1
CLEARWATER FL 34616**

**1406 HAMLET AVENUE
APT. #1
CLEARWATER FL 34616**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/07/1995** 3a. Date of Last Report **02/01/1996**

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May 13e Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a **POB 626**

City & State

City & State

23

LARGO FL

Zip

Country

Zip

Country

24

25

29 **33779-0626**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STORRS, NEAL
1406 HAMLET AVENUE
APT. #1
CLEARWATER FL 34616**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **STORRS, NEAL**
STREET ADDRESS **1406 HAMLET AVENUE APT #1**
CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE **VD** ☐ DELETE
NAME **MCKEE, RICHARD**
STREET ADDRESS **1211 CAPRI ISLE BLVD #36**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **SD** ☐ DELETE
NAME **RIMBEY, ANNE G**
STREET ADDRESS **6119 E 112TH AVENUE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **TD** ☐ DELETE
NAME **HAAS, MYRA C**
STREET ADDRESS **411 E AMELIA**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **1921 ARVIS CIRCLE W**
4.4 CITY-ST-ZIP **CLEARWATER FL 34626**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

Neal Storrs 8-20-97 813-384-5501
813-449-2186

CR2E037 (4/97)