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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u>1997</u>

DOCUMENT # N9600002545 (9)

LIGHTNING STRIKE/ELECTRIC SHOCK SURVIVORS INTERN ATIONAL, INC.

## FILED Aug 19 1997 8:00am Secretary of State



Suite, Apt. #, etc.    Suite, Apt. #, etc.	Principal Plac	ce of Business	Mailing Address		à lautithi uie juine dierr antit übrit abrit abrit antib lifter artit bibat gitt tobt	
2. Principal Place of Business				5.4149		
C5/C6/1996     Applied From   Appl	OI FEIENODUI	NO FL 30703	OT PETENODUNG PE 3370	9-11-0	Dele leaves shed as Coulified   De Date of Leal Brook	
Suite, Apt. #, etc.    Suite, Apt. #, etc.						
Sulle, Apt. #, etc. 27	2. Principal f	Place of Business	2a. Maiting Address		4. FEI Number Applied For	
City & State  City & State  City & State  City & State  Zep  Country  R. This corporation has leality for intengible tax under s. 199 03  Florida Statutes  Fee Required  St. Owner and Address of Current Registered Agent  St. This comparation has leality for intengible tax under s. 199 03  Florida Statutes  Fee Required  St. Owner and Address of Current Registered Agent  St. This comparation has leality for intengible tax under s. 199 03  Florida Statutes  Fee Required  St. Owner and Address of Current Registered Agent  St. This comparation has leality for intengible tax under s. 199 03  Florida Statutes  Fee Required  St. Owner and Address of Current Registered Agent  St. This comparation has leality for intengible tax under s. 199 03  Florida Statutes  St. This comparation has leality for intengible tax under s. 199 03  Florida Statutes  St. Name  St. This comparation has leality for intengible tax under s. 199 03  Florida Statutes  St. Name  St. Florida Statutes  St. Name  St. City  Fee Required  St. This comparation has leality for intengible tax under s. 199 03  Florida Statutes  St. Name  St. Florida Statutes  St. Petersburg, F.L.  St. Petersb						
City & State  28  29  20  Country  20  Country  21  Country  22  Country  25  26  Country  27  Country  28  This corporation has liability for intangible tax under s. 199.03 Florida Statutes  Pleas State  10. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  YEATON, KEVIN  4433 TROUT DR SE  ST PETERSBURG FL 33705  84  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  4433 Trout For SE  35  Siret Address (P.O. Box Number is Not Acceptable)  45  Siret Address (P.O. Box Number is Not Acceptable)  46  Siret Address (P.O. Box Number is Not Acceptable)  47  48  48  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  City Acceptable  40  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  FL  85  Siret Address (P.O. Box Number is Not Acceptable)  48  City  Florida Statutes  68  City Acceptable  68  City Acc		. #, etc.	├ <del></del>		5. Certificate of Status Desired S8.75 Additional Fee Required	
Zip   Zip   Zip   Zip   Zip   Country   Zip   Country   S. This corporation has liability for intengible tax under s. 199.03   Fiorida Statutes   Ves   No.   Name and Address of New Registered Agent	City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be	
28   29   30   Florida Statutes   Ves				T 0		
YEATON, KEVIN 4433 TROUT DR SE ST PETERSBURG FL 33705  81   Name 4430 TROUT DR SE ST PETERSBURG FL 33705  83   Set   City   FL   85   Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regists office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its regists office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its regists of agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes  SIGNATURE    Signature   DATE	<b>—</b> ·	<u></u>	<b>}</b> η ΄	<del></del>	8. This corporation has liability for intengible tax under s. 199.032,	
YEATON, KEVIN 4433 TROUT DR SE ST PETERSBURG FL 33705  85  86 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 517,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of Section 517,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of Section 517,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of Section 517,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the purpose of changing its register agent. I am familiar with a statement for the p	24			30		
### City ### Assistance of 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 register agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  ### City ### Level #				81 Nam		
### City ### Assistance of 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 register agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  ### City ### Level #	VEATON	J KEVIN		89 84-	Address (D.O. Day Number in Not Assertable)	
ST PETERSBURG FL 33705  83  64 City FL 85 Zip Code  11. Pursuant to the provisions of Socions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of. Socion 617.0503, Florida Statutes  SIGNATURE  Signature. Typed or privated name of registered agent and life if applicable (NOTE Registered Agent signature required when reinsaling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  11 TITLE  12 NAME  13 SIRRET ADDRESS  CITY-ST-ZIP  DELETE  21 TITLE  DELETE  21 TITLE  DELETE  22 NAME  22 SIRRET ADDRESS  CITY-ST-ZIP  DELETE  33 Trout Dr. SE  34 CITY-ST-ZIP  DELETE  34 CITY-ST-ZIP  DELETE  35 TRUE  DELETE  36 OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  24 CITY-ST-ZIP  DELETE  35 TRUE  DELETE  36 OFFICERS AND DIRECTORS IN 12  Change  Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  12 TITLE  DELETE  34 CITY-ST-ZIP  DELETE  35 TRUE  DELETE  35 TRUE  DELETE  36 OFFICERS AND DIRECTORS IN 12  Change  Add  Change  Change				Street	n Address (F.O. Box Number is Not Acceptable)	
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 register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment as register agent. I am familiar with, and accept the appointment and the familiar with, and accept the appointment and the familiar with and the familiar with. In th				83		
11. Fursuant to the provisions of Socions 617.0502 and 617.1502. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register agent, and the state of Florida Statutes.  SIGNATURE    Signature   Month   Signature   Si				84 City	El 85 Zip Code	
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 register agent, and facept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, hyped or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinsisting)   DATE	11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508. Florida Statu	tes, the above-name		
SIGNATURE   Signature. hyped or printed name of registated agent and like if applicable   (NOTE: Registated Agent algorature required when relications)   DATE	office or	registered agent, or both, in the Sta	ite of Florida. Such change was	authorized by the o	prporation's board of directors. I hereby accept the appointment as registered	
Signature. Typed or printed name of registened agent and little if applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  12. NAME  13. STREET ADDRESS  14. CITY-ST-ZIP  15. Reterabours, FL 33705  17. SE  17. SE  17. STREET ADDRESS  17. ST	•	ant lanimar with, and accept the op-	igations of, abotion 617,0003, Fi	orda statutes.		
DELETE	SIGNATURE	Signature, typed or printed name of registered a	agent and little if applicable (NO	TE: Registered Agent signal	ure required when reinstating) DATE	
NAME   STREET ADDRESS   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   St. Petersburg, FL 33705   Change   MAME   STREET ADDRESS   2.4 CITY-ST-ZIP   St. Petersburg, FL 33705   Change   MAME   STREET ADDRESS   CITY-ST-ZIP   St. Petersburg, FL 33705   Change   MAME   STREET ADDRESS   St. Petersburg, FL 33705   Change   MAME   St. Pe	12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	5.3 STREET ADDRES 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRES	St. Petersburg, FL 33705  D Change Addition  Richard Wayne McCollum  4433 Trout Dr. SE	

4. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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; the lam 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.

CIGNATURE:

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x/IU/an

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