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Aug 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000002545 (9)

1. Corporation Name

LIGHTNING STRIKE/ELECTRIC SHOCK SURVIVORS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**4433 TROUT DR SE
ST PETERSBURG FL 33705**

**4433 TROUT DR SE
ST PETERSBURG FL 33705-4149**



3. Date Incorporated or Qualified
05/06/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

31-1465406

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. 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**

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D P Kevin Yeaton**
1.3 STREET ADDRESS **4433 Trout Dr. SE**
1.4 CITY-ST-ZIP **St. Petersburg, FL 33705**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D Janice H. Machler**
2.3 STREET ADDRESS **4433 Trout Dr. SE**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33705**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D George McBay**
3.3 STREET ADDRESS **4433 Trout Dr. SE**
3.4 CITY-ST-ZIP **St. Petersburg, FL 33705**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D Donald C. Anderson**
4.3 STREET ADDRESS **4433 Trout Dr. SE**
4.4 CITY-ST-ZIP **St. Petersburg, FL 33705**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D Jeffery Garrison**
5.3 STREET ADDRESS **4433 Trout Dr. SE**
5.4 CITY-ST-ZIP **St. Petersburg, FL 33705**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D Richard Wayne McCallum**
6.3 STREET ADDRESS **4433 Trout Dr. SE**
6.4 CITY-ST-ZIP **St. Petersburg, FL 33705**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

Kevin Yeaton 4/14/97 412-422-7232

CR2E037 (9/96)