FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000002545 (9) DOCUMENT #

LIGHTNING STRIKE/ELECTRIC SHOCK SURVIVORS INTERN ATIONAL, INC.

Principal Place of Business Mailing Address 4433 TROUT OR SE ST PETERSBURG FL 33705 4433 TROUT DR SE ST PETERSBURG FL 33705 2. Principal Place of Business Malling Address

FILED Mar 19 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified 05/06/1996

31-1465406

5. Certificate of Status Desired

4. FEI Number

ויי			26	i		ļ				ee Hequired
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			Election Campaign Financing Frust Fund Contribution		.00 May Be ded to Fees	
City & State			28	City & State			7. Is this nonprofit corporation a homeowners association? Yes No			
•	Zip	Country 25	29	1 ' 	ountry		1	This corporation owes or has pald the cur Personal Property Tax due June 30.	rent ye	
	9. Name	Regi	stered Agent		10. Name and Address of New Registered Agent					
					81	Name				
YEATON, KEVIN 4433 TROUT DR SE			82	Street Addres	fress (P.O. Box Number is Not Acceptable)					
	ST PETERSBURG FL 33705				83					
					84	City		FL	85	Zip Code

11. Pursuent 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 ap	plicable. (NOTE: F	ired when reinstating)	DATE								
12.	OFFICERS AND DIRECTO		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change	Addition						
NAME	YEATON, KEVIN		1.2 NAME									
STREET ADDRESS	4433 TROUT DR SE		1.3 STREET ADDRESS									
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP									
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	Addition						
NAME	MACHLER, JANICE H		22 NAME	•								
STREET ADDRESS	4433 TROUT DR SE		2.3 STREET ADDRESS									
CITY-ST-ZIP	ST PETERSBURG FL		2. 4 CITY-ST-ZIP									
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change	Addition						
NAME	MCBAY, GEORGE		3.2 NAME			ĺ						
STREET ADDRESS	4433 TROUT DR SE		3.3 STREET ADDRESS									
CHTY-ST-ZIP	ST PETERSBURG FL		3.4. CITY-ST-ZIP									
TITLE	D	DELETE	4.1 TITLE		☐ Change	☐ Addition						
NAME	ANDERSON, DONALD C		4. 2 NAME									
STREET ADDRESS	4433 TROUT DR SE		4.3 STREET ADDRESS									
CITY+ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP									
TITLE	D	DELETE	5.1 TITLE		☐ Change	Addition						
NAME	GARRISON, JEFFERY		5.2 NAME									
STREET ADDRESS	4433 TROUT DR SE		5.3 STREET ADDRESS									
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP									
TITLE	D	DELETE	6.1 TITLE	3	Change	☐ Addition						
NAME	MCCALLUM, RICHARD WAYNE		6.2 NAME									
STREET ADDRESS	4433 TROUT DR SE		6.3 STREET ADDRESS	÷								

64 CITY-ST-ZIP 14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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:

3/ 12/9 8/13-822723