

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P92000002295 (3)

1. Corporation Name

CATES LIGHTING CENTER, INC.



Principal Place of Business

1750 RIDGEWOOD AVENUE  
HOLLY HILL FL 32117

Mailing Address

1750 RIDGEWOOD AVENUE  
HOLLY HILL FL 32117

3. Date Incorporated or Qualified

10/30/1992

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

CATES, MARY E  
1750 RIDGEWOOD AVENUE  
HOLLYHILL FL 32117

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

4. FEI Number

59-3147758

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

10. Name and Address of New Registered Agent

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

Signature of the person who is the registered agent and the principal officer

Signature of the registered agent (signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE

NAME  
CATES, ROBERT J  
STREET ADDRESS  
35 SHADOW CREEK WAY  
CITY-STATE-ZIP  
ORMOND BEACH FL 32174

TITLE ☐ DELETE

NAME  
CATES, MARY E  
STREET ADDRESS  
35 SHADOW CREEK WAY  
CITY-STATE-ZIP  
ORMOND BEACH FL 32174

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME

22 STREET ADDRESS

23 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME

42 STREET ADDRESS

43 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME

52 STREET ADDRESS

53 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME

62 STREET ADDRESS

63 CITY-STATE-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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARY E. CATES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY E. CATES

3/4/1996

904-677-4757

CR2E034 (12/95)