## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 07 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

P93000027160 (9)

Mailing Address

PATHFINDER'S LANDSCAPE LIGHTING, INC.

3200 W SAN PEDRO ST TAMPA FL 33629		C/O WALTER SANDERS 13910 N DALE MABRY. SUITE 1 TAMPA FL 33624 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/13/1993		
	ace of Business	2a, Mailing Address				4. FEI Number Applied I		
21 Sulta Apt	# ato	Suito Apt # ata	Suite, Apt. #, etc.			59-3183274 Not Appl		
Sulte, Apt.	#, 8tC.	27]	27			5. Certificate of Status Desired Fee Required		
City & State		City & State	28			B. Election Campaign Financing     Trust Fund Contribution     Added to Fees		
Zip 24	Country 25	Ζιρ <b>29</b>	l· ı '			This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.  Yes  No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
SANDERS, WALTER				81	Name			
139	10 N DALE MABRY HWY			82	Street	Address (P.O. Box Number is Not Acceptable)		
	TE ONE APA FL 33618			83				
				84	City	FL 85 Zip Code	,	
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 template with and accept the obligations of Section 607 0505, Florida Statutes.								
SIGNATURE WALTER SANDERS 2-26-98								
	Signature, types of printed name of registered a	gent and the Capplicable (NC ND DIRECTORS		ed Agei	nt signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
12.	D OFFICE NO A	DELETE	13.	ITLE			Addition	
NAME	BONTRAGER, ERIC			IAME				
STREET ADDRESS	3200 W SAN PEDRO ST				ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629		1.4 CITY - ST - ZIP					
TITLE	TAIN ATE GOOD	DELETE		21 TITLE		Change D	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 9	TREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		T - ZIP			
TITLE		DELETE	3.1 TITLE			☐ Change ☐ F	Addition	
NAME			3.2 1	3MA				
STREET ADDRESS			333	THEET	address			
CITY-ST-ZIP			3 4. CITY - ST - ZiP		1 - ZIP			
TITLE		☐ DELETE	411	ITLE		☐ Change ☐ A	Addilion	
NAME			4 2	NAME				
STREET ADDRESS			435	TREET	address		•	
CITY-ST-ZIP			440	HTY-S	r-ZIP			
TITLE		☐ DELETE	517	ITLE		Change C	Addition	
NAME			521	IAME				
STREET ADDRESS			535	TREET	address			
CITY+ST-ZIP			540	ITY-S	I - 7IP			
TITLE		DELETE	611	HLE		☐ Change ☐ A	Addition	
NAME			621	IAME				
STREET ADDRESS			6.3 STREET ADDRESS		ADDRESS			
0777 07 70				nito n				

14. I 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 logal 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.