

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11:53

DOCUMENT # **P93000056834 (3)**

1. Corporation Name

PREMIUM LIGHTING CORPORATION

Principal Place of Business

14654 VILLAGE GLEN CIRCLE
TAMPA FL 33624

Mailing Address

14654 VILLAGE GLEN CIRCLE
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

04/27/1994

4. FEI Number

59-3197809

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

2. Principal Place of Business

21 5360 E. BAY DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 5360 E. BAY DR.
Suite, Apt. #, etc.

22 SUITE 578-161
City & State

27 SUITE 578-161
City & State

23 CLEARWATER, FL
Zip Country

28 CLEARWATER, FL
Zip Country

24 34624 25 USA

29 34624 30 USA

9. Name and Address of Current Registered Agent

WILLIS, GLENN
14654 VILLAGE GLEN CIRCLE
TAMPA FL 33624

10. Name and Address of New Registered Agent

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 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 (Print or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WILLIS, JAMIE
STREET ADDRESS 14654 VILLAGE GLEN CIRCLE
CITY ST ZIP TAMPA FL 33624

TITLE D
NAME WILLIS, GLEN
STREET ADDRESS 14654 VILLAGE GLEN CIRCLE
CITY ST ZIP TAMPA FL 33624

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME JAMIE WILLIS
13 STREET ADDRESS 3155 SHORELINE DR.
14 CITY ST ZIP CLEARWATER, FL 34620

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 199.07(9)(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 in the only 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 change is on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

JAMIE R. WILLIS - 3/28-95

(813) 251-4303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

DATE

TELEPHONE NUMBER