

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 -3 PM 4:48

DOCUMENT # **P94000004874 (1)**

1. Corporation Name

EXCITING LIGHTING OF PASCO, INC.

Principal Place of Business Mailing Address
14000 BELCHER ROAD 162 Commercial Way 14000 BELCHER ROAD 162 Commercial Way
SUITE 1193 SUITE 1193
LARGO FL 34641 Spring Hill, FL LARGO FL 34641 Spring Hill, FL
34606 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/10/1994	3a. Date of Last Report
4. FEI Number 69-3220002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 162 Commercial Way Suite, Apt. #, etc.	2a. Mailing Address 26 162 Commercial Way Suite, Apt. #, etc.
22 City & State Spring Hill, FL	27 City & State Spring Hill, FL
24 Zip 34606 25 Country USA	29 Zip 34606 30 Country USA

9. Name and Address of Current Registered Agent MULDERINK, TIMOTHY B 14099 BELCHER ROAD SUITE 1193 LARGO FL 34641	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 162 Commercial Way 83 84 City Spring Hill FL 85 Zip Code 34606
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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 typed or printed name of registered agent and title of agent)

(NOTE: Registered Agent signature required when retitling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	MULDERICK, TIMOTHY B 14000 BELCHER ROAD, #1193 LARGO FL 34641	1.1 TITLE P, T, VP, S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULDERICK, TIMOTHY B	1.2 NAME	Mulderink, Timothy B.
STREET ADDRESS	14000 BELCHER ROAD, #1193	1.3 STREET ADDRESS	11259 Libby Rd
CITY, ST, ZIP	LARGO FL 34641	1.4 CITY, ST, ZIP	Spring Hill, FL 34609
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULDERICK, CARMEN D	2.2 NAME	REMOVE
STREET ADDRESS	14099 BELCHER ROAD, #1193	2.3 STREET ADDRESS	
CITY, ST, ZIP	LARGO FL 34641	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, 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 110.07(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: *Timothy B Mulderink* 3-8-95 904-683-5920
 (Signature typed or printed name of director, officer or director) (Date) (Telephone #)
TIMOTHY B MULDERINK