

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

~~PROFIT~~  
~~CORPORATION~~  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 NOV 25 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015158 (6)

1. Corporation Name

NORTH AMERICAN LIGHTING SERVICES INC.

1996 REINSTATEMENT

Principal Place of Business

Mailing Address

9340 N 56 STREET SUITE 220  
TAMPA FL 33617

9340 N 56 STREET SUITE 220  
TAMPA FL 33617



21 Principal Place of Business

440B S.W. 35<sup>th</sup> AVE

22 Mailing Address

440B S.W. 35<sup>th</sup> AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

FT. LAUDERDALE, FL

24 City & State

FT. LAUDERDALE, FL

25 Zip

33312

26 Country

USA

27 Zip

33312

28 Country

USA

9. Name and Address of Current Registered Agent

WILLIAMS, ANSON C III  
9340 N 56 STREET SUITE 220  
TAMPA FL 33617

3. Date Incorporated or Qualified

02/21/1994

3a. Date of Last Report

05/10/1995

4. FEI Number

59-3226430

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

81 Name

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

83

84 City

FL

85 Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ANSON C. WILLIAMS III 11/20/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WILLIAMS, ANSON C III  
STREET ADDRESS 9340 N 56 STREET SUITE 220  
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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\*\*\*375.00 \*\*\*375.00

REINSTATEMENT 1996

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ANSON C. WILLIAMS III 9/24/96 (954) 300-475 964-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #