FILE NOW; FILING FEE AFTER MAY 1, 1995

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015158 (6)**

1. Corporation Name

**NORTH AMERICAN LIGHTING SERVICES INC.**

Principal Place of Business
9340 N 56 STREET SUITE 220
TAMPA FL 33617

Mailing Address
9340 N 56 STREET SUITE 220
TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1994
3B. Date of Last Report:

4. FEI Number: 59-3226430
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. Does corporation have liability for anticipated tax under s. 220.13(1), Florida Statutes: [ ] Yes [ ] No

21 / 22 / 23 / 24 / 25

26 Mailing Address
27 Suite, Apt. #
28 City & State
29 / 30

9. Name and Address of Current Registered Agent

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

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 Section 607.0505, 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE: Anson C. Williams 5/1/95
Registered Agent Signature (required if registered agent changed)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and 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 complete 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an asterisk (*) in front of the number adjacent to my name.

**SIGNATURE:** Anson C. Williams 5/1/95 (813) 531-7224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title / Daytime Phone

0200068 CP