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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000029194
 1. Corporation Name
 LIGHTHOUSE ENTERPRISES OF NASSAU COUNTY, INC.



Principal Place of Business Mailing Address
 1324 S 14TH STREET 1324 S 14TH STREET
 FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1994
 4. FEI Number: 59-3238841 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business 2a. Mailing Address
 21. 2974 LENTS RD 26. 2974 LENTS RD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22. 27.
 City & State FL (NASSAU COUNTY) City & State FL (NASSAU COUNTY)
 23. YULEE, FL (NASSAU COUNTY) 28. YULEE, FL (NASSAU COUNTY)
 Zip County Zip Country
 24. 32097 25. U.S.A. 29. 32097 30. U.S.A.

9. Name and Address of Current Registered Agent
 BURCH, SANDRA L
 2206-A 1ST AVE
 FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent
 81 Name ROBERT A. BURCH
 82 Street Address (P.O. Box Number is Not Acceptable) 2974 LENTS RD
 83
 84 City YULEE, FL 85 Zip Code 32097

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: Robert A. Burch (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, ROBERT A SR.	1.2 NAME	
STREET ADDRESS	1316 N. SNAPPER LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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, with all other like empowered.

SIGNATURE: Robert A. Burch DATE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-261-3004
 Telephone #

CR2E034 (1/1/98)