## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400040682 (4)

HOME LIGHTING & FANS, INC.

Principal Place of Business Mailing Address				I CORREDA DIO IDIAI DIDII OBILE BORN DANA	1811 9181 E816 8818 1814 118 188
307 HWY 27 MINNEOLA FL 34755		307 HWY 27 MINNEOLA FL 34755			
				3. Date Incorporated or Qualified 06/01/1994	3a. Date of Last Report 05/01/1996
2. Principal Plac	e of Business	28. Mading Address		4. FEI Number	Applied F
21		26		59-3248282	Not App <sup>r</sup>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Adi'
City & State		City & State		6. Election Campaign Financing	<del></del> .
23		28		Trust Fund Contribution	\$5.00 Ma;  Added to Fec
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25   9. Name and Address of Cur	rent Registered Agent	<u> </u>	Florida Statutes  10. Name and Address of New Re	Yes No
	R, DAN D	Total Hogistered Agent	81 Name	To. Name and Address of New Ne	Jistered Agent
307 HW				***************************************	
	ILA FL 34755		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
- 24-0-2, - 327 - 17			83		
			84 City		<b>85</b> Zip Code
			<b>B4</b> City		FL 85 Zip Code
11. Pursuant to t	he provisions of Sections 607.0	0502 and 607.1508, Florida States of Llorida, Such change wa	utes, the above named cor	poration submits this statement for the palion's board of directors. I hereby accept	urpose of changing its registered
agent. I am I	amiliar with, and accept the ob	ligations of, Section 607.0505.	s admonzed by the corpora Florida Statutes.	mon's board or directors. Thereby accep	a the appointment as registered
SIGNATURE					
12.	nature, typed or prened name of registered	ngent and title if applicable (N NND DIRECTORS	O1t. Registered Agent signature requ  13.	red when relestating)  ADDITIONS/CHANGES TO OFFICE	DATE DIRECTORS IN 10
TITLE D	OFFICENCE	DELETE	1.1 704	ADDITIONS/CHANGES TO OFFIC	Change Addition
	ARPER, DAN D		1.2 NAME		
	2 CHESTER ST		13 STREET ADDRESS		
	INNEOLA FL 34755		1.4 City - St. Zip		
TITLE D		DELFTE	21 TITLE	TALES M. S. 1974 S	Change Addition
NAME H	ARPER, DAVID E		2.2 NAME		•
	DGECREST LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	DY LAKE FL 32158		2 4 CITY-S1-7IP		
TITLE		☐ DELETE	3.1 1111.9		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<del></del>		3.4 CITY - ST - ZIP	- IN	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CHY ST-7IP		Character Little
TITLE		L. DRUIE	5.1 Title		Change Addition
NAME STREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-ST-ZIP 6 1 TITLE		Change Addition
NAME		Lad Occupe	6.2 NAME		onsage nodition
STREET ADDRESS			63 STHEET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-7IP		

I do 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 in attachment with an address

CIONATURE.

Will Day D Hash

4- 22-01

257-2011-2202

**FILED** 

Apr 29 1997 8:00am

Secretary of State