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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000055438 (3)

PREMIER LIGHTNING PROTECTION COMPANY

FILED Feb 13 1997 8:00am Secretary of State



2/10/07 407 704/10

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Principal Place of Business	Mailing Address		((55)(50) (62 (21)(5)5)(55)(55)(55)	111 BB191 B1191 B1111 B1929 11121 1211 1221
ioi-C 8. State road 434 Altamonte Springs FL 32714	401-C S. STATE ROAD 434 ALTAMONTE SPRINGS FL 3			
			3. Date Incorporated or Qualified	3a. Date of Last Report
			07/25/1994	03/08/1996
. Principal Place of Business	2a, Mailing Address	1. 1 101	4. FEI Number	Applied Fo
801 SAULANDO Rd.		eudo Rd.	59-3263450	Not Applica
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additions
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Alternate Sorwas	Fl. 28 Attamente	Somys &	Trust Fund Contribution	Added to Fees
Zip Country	Zip	County	8. This corporation has liability for	intangible tax under s. 199.032
327/4 25 Semino	k 29 32714 3	o Somuel	Trained exercises	Yes No
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Ri	gistered Agent
SIMPSON, EUGENE R		81 Name	impson Eggen	
401-C S. STATE ROAD 434		82 Street Ado	ress (P.O. Box Number is Accepted	19/
ALTAMONTE SPRINGS FL 32714		801	SANIANOW X	<u>a. </u>
		83		
		84 City ///	1 1	85 Zip Code
		1111	Amonte Springs	FL
Pursuant to the provisions of Sections 607.0 office or registered agent, or both in the St.	0502 and 607.1508, Florida Statutes	s, the above-named con	poration submits this statement the pation's board of directors. I bereby acce	purpose of changing its registe of the appointment as register
	ate of Lichan Buch change was as	thoras ou by the corpora	andria board or an obtain. I moreby dobe	Pi tile disposition de regione.
agent. I am familiar with, and accept the ob-	oligations of, Section 607.0505, Flori	ida Statutes.		<i>r r</i>
office or registered agent, or both, in the stagent. I am familiar with, and accept the stagent.	oligations of, Section 607.0505, Flori	ida Statutes.		2/10/47
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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; the Lam 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.