

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

FILED

Feb 13 1997 8:00am
Secretary of State

| | | |
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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)**

1. Corporation Name

PREMIER LIGHTNING PROTECTION COMPANY

Principal Place of Business

**401-C S. STATE ROAD 434
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**401-C S. STATE ROAD 434
ALTAMONTE SPRINGS FL 32714-3827**



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|--|--------------------|---------------------------------|--------------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 801 Saulando Rd. | | 26 801 Saulando Rd. | | 07/25/1994 | 03/08/1996 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 — | | 27 — | | 59-3263450 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 Altamonte Springs, FL | | 28 Altamonte Springs, FL | | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 32714 | 25 Seminole | 29 32714 | 30 Seminole | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| SIMPSON, EUGENE R 401-C S. STATE ROAD 434 ALTAMONTE SPRINGS FL 32714 | | | | 81 Name Simpson Eugene R. | |
| | | | | 82 Street Address (P.O. Box Number is <input type="checkbox"/> Acceptable) 801 Saulando Rd. | |
| | | | | 83 — | |
| | | | | 84 City Altamonte Springs FL | |
| | | | | 85 Zip Code 32714 | |

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

Eugene R. Simpson

(NOTE: Registered Agent's signature required when reappointing)

2/10/97

| | | | |
|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PDS <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMPSON, EUGENE R | 1.2 NAME | Simpson, Eugene R. |
| STREET ADDRESS | 401-C S. STATE ROAD 434 | 1.3 STREET ADDRESS | 801 Saulando Road |
| CITY - ST - ZIP | ALTAMONTE SPRINGS FL | 1.4 CITY - ST - ZIP | Altamonte Springs, FL 32714 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | PDS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Jackson, Dennis A. |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 801 Saulando Road |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | Altamonte Springs, FL 32714 |
| 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 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 an attachment with an address.

SIGNATURE

Eugene R. Simpson

Eugene R. Simpson

2/10/97 4:07 PM 407 394 1107

CR2E034 (9/96)