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PROFIT CORPORATION -ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500001507

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90136 028 ***150.00

INSPRO	RISK SERVICES, INC.			LIGHTING COMPANY STATE STATE STATE	ir daire aaste Adide regal A(1)) :	10111 1001 1001
Principal Place	e of Business	Mailing Address	 	1 13011001 110 10110 01111 00111 10111	II Wasii Bais Wash Isan Isan Isan I	1611 1861 1861
658 BAMBOO CT. MARCO ISLAND FL 34145 658 BAMBOO CT. MARCO ISLAND FL 34145				DO NOT WRITE IN THIS SPACE		
[* _			•	3. Date Incorporated or Qualifed	E IN THIS SPACE	
	•			01/03/1995		
2. Principal Pl	TuleT DR.	2a. Mailing Address 26 1859 FN 15	TDR.	4. FEI Number 65-0543405	 	plied For t Applicable
Suite, Apt.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 A	:
22		City & State				
City & State		City & State 28 = MARCO IS		Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added to	
Zip 24 3414	Country U S	Zip 29 34145 s	Country US	This corporation owes the curre Personal Property Tax.		□No
24 - 7 . 5	9. Name and Address of Current			10. Name and Address of New Re	egistered Agent	
1004	•	<u> </u>	81 Name			
NEALE, PATRICK H ESQ. 48 TEMPLEWOOD CT.		82 Street A	ddress (P.O. Box Number is Not Acceptat	ble)		
l .	CO ISLAND FL 34145		83	<u>'</u>		
j			84 City		FL 85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named c	corporation submits this statement for the p	purpose of changing its	registered
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and ecopy the obligation	and 607.1508, Florida Statute Florida. Such change was au ons of, Section 607.0505, Flori	s, the above-named c thorized by the corpor da Statutes.	corporation submits this statement for the pration's board of directors. I hereby accept	t the appointment as re	registered gistered
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and eccent the obligation	- PATRICE	CIT NEX	22 634 3//	the appointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature rec	quired when reinstating)	DATE	<u></u>
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	CIT NEX	22 634 3//	DATE	<u></u>
SIGNATURE	Signature, typed or printed name of registered agent and of the state	and title if applicable. (NOTE: I	Registered Agent signature rec	quired when reinstating)	DATE	RS IN 12
SIGNATURE 12. Bitton (C) TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND OP PARKER, GLENN R	and title if applicable. (NOTE: I	Registered Agent signature rec	quired when reinstating)	DATE	RS IN 12
SIGNATURE 12. 36.55 p. 37 TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND OP PARKER, GLENN R RD 2 BOX 279	and title if applicable. (NOTE: I	Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME	quired when reinstating)	DATE	RS IN 12
SIGNATURE 12. Bitton (C) TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND DP PARKER, GLENN R RD 2 BOX 279 RICHMOND VI 05477	and title if applicable. (NOTE: I	Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating)	DATE	RS IN 12
SIGNATURE 12. 36.00 / 10 TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a OFFICERS AND DP PARKER, GLENN R RD 2 BOX 279 RICHMOND VI 05477	nd title if applicable. (NOTE: If DIRECTORS	Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quired when reinstating)	DATE CERS AND DIRECTO Change	RS IN 12
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SIGNATURE 12. 33.55.57 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND OP PARKER, GLENN R RD 2 BOX 279 RICHMOND VT 05477 DV COBURN, THOMAS 658 BAMBOO CT.	nd title if applicable. (NOTE: If DIRECTORS	Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	quired when reinstating)	DATE CERS AND DIRECTO Change	RS IN 12
SIGNATURE 12. 33.55.2.37 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND OP PARKER, GLENN R RD 2 BOX 279 RICHMOND VT 05477 DV COBURN, THOMAS	nd title if applicable. (NOTE: If DIRECTORS	Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	quired when reinstating)	DATE CERS AND DIRECTO Change	RS IN 12
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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 it enanged, or on an attagriment with an address, with all other like empowered. R. Coburn

SIGNATURE:

OKOMAS RINTED NAME OF SIGNING OFFICER OR DIRECTOR