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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # DOCUMENT							01-25-1999 90004 013 ****158.75				
DOCUMENT # P95000018815											
1. Corporation Name											
J. S. LIGHTING & DESIGN, INC.									******	** ***	

	*	N-W Add									
Principal Plac		Mailing Address									
29640 BEARS L EUSTIS FL 327		29640 BEARS LANE EUSTIS FL 32736									
EUSIIS FL 327	,	EU0113 FL 32730			DO NOT WRITE IN THIS SPACE						
					3. Date Incorporated or Qualifed						
						03/06/1995					
2. Principal P	face of Business	2a. Mailing Address				4.	FEI Number		Ap	plied For	
21	S-	26					59-3303819		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certifcate of Status Desired	W.	\$8.75 A			
22		27			3.	Certificate of Status Desired	K.1	Fee Re	quired		
City & Stat	e	City & State			6.	Election Campaign Financing		\$5.00			
23		28					Trust Fund Contribution		Added to	o Fees	
Zip				Country			This corporation owes the curr	ent year int	tangible	~ <u>'</u>	
24	25	29 30					Personal Property Tax.			ØNo	
	9. Name and Address of Current	Name and Address of New F	Registered	Agent							
SCHWEICKERT, JOE D											
29640 BEARS LANE				82 Street Addre			O. Box Number is Not Accepta	able) -			
FUS	TIS FL 32736	92				<u> </u>	11.00	<u> </u>	rate in the control of the control o		
	110 1/2 02/00	. 83									
}			84 City					<u> </u>	85 Zip C	ode	
AA District to the control of Davids and October 207 1500 Final Control								· · PL	.		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	i and 607.1508, Florida Statut f Florida. Such change was a	es, the a tuthorized	ibove d by i	r-named corpo the corporatio	oration on's boa	submits this statement for the ard of directors. I hereby accep	purpose of ot the appoi	changing its intment as reg	registered gistered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Stat	utes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature re							instating)	DATE		 .	
					arginatore required		DDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12	
TITLE	D .			13.			276-j.		Change	☐ Addition	
NAME	SCHWEICKERT, JOE D		1.2 N/	AME			,				
STREET ADDRESS	29640 BEARS LANE		1.3 \$1	TREET	ADDRESS		•				
CITY-ST-ZIP	EUSTIS FL 32736 1.4		1.4 C	1.4 CITY-ST-ZIP							
TITLE		☐ DELETE	2.1 TI	TLE	"				Change	Addition (
NAME			2.2 N	AME			•				
STREET ADDRESS	•		2.3 \$1	TREET	ADDRESS		,			į	
CITY-ST-ZIP			2.4 C	ITY-ST	r-ZIP			•			
TITLE		. DELETE	3.1 TI						Change	☐ Addition	
NAME	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		3.2 N	AME				•	•		
STREET ADDRESS	State with the state of the sta		3.3 \$1	3.3 STREET ADDRESS						2 - 110	
CITY-ST-ZIP	3.4			3.4. CITY-ST-ZIP							
TITLE				4.1 TITLE				1	Change	Addition	
NAME			4.2 N	AME							
(VAVIL	. 4.8)	5.1								- 1	

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 of or an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

RUNIS:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Change

Change

☐ Addition

☐ Addition

FILED

Jan 25, 1999 8:00am

Secretary of State