

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

FILED

Apr 25 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Berthahn Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000055785 (6)**

1. Corporation Name
LIGHTNING COMMUNICATIONS, INC.



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| Principal Place of Business 317 RIVEREDGE PLAZA COCOA FL 32922 | Mailing Address 317 RIVEREDGE PLAZA COCOA FL 32922-7964 |
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|--|--|--|--|--|--|
| 2. Principal Place of Business 21 237 E MERRITT ISLAND CSWY Suite, Apt. #, etc. | | 2a. Mailing Address 26 ← SAME Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 07/14/1995 | 3a. Date of Last Report 04/29/1996 |
| 22 City & State 23 MERRITT ISLAND, FL | | 27 City & State | | 4. FEI Number 59-3327472 | Applied For Not Applicable |
| 23 Zip 32952 | | 28 Country | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 PREVARD | | 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 25 | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent BUCHANAN, MARK S 317 RIVEREDGE PLAZA COCOA FL 32922 | | | | 10. Name and Address of New Registered Agent 81 Name YATES, TERRY 82 Street Address (P.O. Box Number is Not Acceptable) 237 E MERRITT ISLAND CSWY 83 MERRITT ISLAND, 84 City FL 85 Zip Code 32952 | |
|---|--|--|--|---|--|

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Terry Yates* President (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|---------------------|--|--|---|---------------------------|--|--|
| TITLE | DT | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BUCHANAN, MARK S | | | 1.2 NAME | TERRY YATES | | |
| STREET ADDRESS | 317 RIVEREDGE PLAZA | | | 1.3 STREET ADDRESS | 237 E MERRITT ISLAND CSWY | | |
| CITY-ST-ZIP | COCOA FL 32922 | | | 1.4 CITY-ST-ZIP | MERRITT ISLAND, FL 32952 | | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TEAGUE, TONI M | | | 2.2 NAME | 237 E MERRITT ISLAND CSWY | | |
| STREET ADDRESS | 317 RIVEREDGE BLVD | | | 2.3 STREET ADDRESS | MARTIN A. MEGAREGAN | | |
| CITY-ST-ZIP | COCOA FL 32922 | | | 2.4 CITY-ST-ZIP | MERRITT ISLAND FL 32952 | | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LONG, DONALD J | | | 3.2 NAME | | | |
| STREET ADDRESS | 317 RIVEREDGE BLVD | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | COCOA FL 32922 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LANGEN, DEBORAH L | | | 4.2 NAME | | | |
| STREET ADDRESS | 317 RIVEREDGE BLVD | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | COCOA FL 32922 | | | 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: *Terry Yates* YATES 3-26974074531145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)