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January 17, 2000

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Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Emerald Coast Lighting and Supply, Inc.

Dear Sir/Madam:


Enclosed please find a completed State of Change of Registered Office or Registered Agent form for filing with your office, along with a \$35.00 check for your filing fee.

Sincerely,


KATHLEEN REYNOLDS

KR/mjp
Enclosure: a/s

FILED
00 JAN 19 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


GAVE
AUTHORIZATION BY PHONE TO
CORRECT present RA address
DATE _____
DOC. EXAM _____

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STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FIRST: The name of the corporation EMERALD COAST LIGHTING AND SUPPLY, INC.

SECOND: The address of its present registered agent is:

743 Hwy 98 East, Ste 5
Destin, Florida 32541

THIRD: The address to which its registered agent is to be changed is:

305 Main Street
Destin, FL 32541

FOURTH: The name of its present registered agent is: Robert E. McGill, III

FIFTH: The name of its successor registered agent is: Kathleen Reynolds, Esquire

SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.

Dated December 6, 1999.

EMERALD COAST LIGHTING AND SUPPLY, INC.

SIGNATURE: _____

(President or Vice President)

DATE:

December 7, 1999

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE

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00 JAN 19 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

FILING FEE: \$35.00

SIGNATURE: 

KATHLEEN REYNOLDS, ESQUIRE

DATE: December 7, 1999

DIVISION OF CORPORATIONS - PO BOX 6327 - TALLAHASSEE, FL 32314