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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000085811**1. Corporation Name

May 04, 1999 8:00 am Secretary of State

05-04-1999 90023 027 ***150.00

| | LIGHTNING, INC. | | | | | | | |
|---|---|------------------------------|---|--|---|---|---------------------|---|
| Principal Place | s of Business | Mailing Address | | | <u> </u> | | | (8) (1 58) (18) (58) |
| Principal Place of Business 6411 NE 217TH PLACE CITRA FL 32113 ORANGE SPRINGS FL 32182 US | | | 32182 | | | DO NOT WRITE IN THIS | SPACE_ | |
| | | | | | | 3. Date Incorporated or Qualifed | | 1 |
| | | | | | | 11/07/1995 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | - | Applied For |
| 21 | * | 26 | | | | NOT APPLICABLE | | Not Applicable Additional |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Required |
| 22 | | City & State | | | | C. Election Commains Financing | | 0 May Be |
| City & State | (e | 28 - City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | d to Fees |
| Zip | Country | | Cou | intry | | 8. This corporation owes the current year Inta | | |
| | 25 | 29 | 30 | | | Personal Property Tax. | Yes | No |
| 24 | 9. Name and Address of Curren | | 1901 | Ι | | 10. Name and Address of New Registered | Agent | |
| | and the same of the fill | | | 81 | Name | | | |
| | DWIN, JERI I NE 217TH PLACE | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | _ | |
| | IA FL 32113 | | | 83 | | | | |
| | | | | 84 | City | FL | 85 Zi | p Code |
| office or r | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida. Such change wa | รร คมทากการคด | ธ ถง เก | named corpo ne corporation | ration submits this statement for the purpose of n's board of directors. I hereby accept the appoir | changing intment as | its registered registered |
| SIGNATURE | Signature, typed or printed name of registered ager | t and title if applicable (A | IOTE D | | | when reinstation) DATE | | |
| 12. | | it and alse is application. | | | signature required | | | 7070 11 10 |
| 14. | OFFICERS AN | D DIRECTORS | 13. | | signature required_ | ADDITIONS/CHANGES TO OFFICERS AN | | |
| TITLE | D | | 13. | TLE | signature required | | D DIREC ☐ Chang | |
| - | D BALDWIN, JERI | D DIRECTORS | 13. 1.1 TI 1.2 N/ | ITLE AME | | | | |
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

29 April 1999