**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 20 AM 11:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[redacted]

**DOCUMENT #** P 96000021774

1. Corporation Name
LIGHTHOUSE AGENCY INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2254 S. Ridgewood Ave<br>S. Daytona FL 32119 | SAME |

PLEASE DO NOT WRITE IN THIS SPACE

REINSTATEMENT 07-10

| | | | |
|---|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 4. FEI Number<br>59-3380030 | Applied For<br>Not Applicable |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired ☒ | $8.75 Additional Fee Required |
| City & State<br>23 | City & State<br>28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 8. This corporation owes the current year Intangible Personal Property Tax | ☐ Yes ☐ No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: ERIC SFOGLIA
82 Street Address (P.O. Box Number is Not Acceptable): 4360 SOUTH ATLANTIC AVE
83
84 City: PONCE INLET FL 85 Zip Code: 32127-0000

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] ERIC SFOGLIA Vice Pres. 4/23/99
Signature of or printed name of registered agent and title if applicable (FOR C. Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT MEM<br>JASON ROSE<br>59 SUNSET AVE<br>SELDEN NY 11784 ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE PRES/SECY<br>ERIC SFOGLIA<br>4360 SOUTH ATLANTIC AVE<br>PONCE INLET FL 32127 ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☐ Change ☐ Addition<br>-05/04/99--01029--023<br>***1058.75 ***1058.75 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition<br>4/23/99 |

CR2E034 (11/98)

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: [signature] ERIC SFOGLIA Vice Pres 4/23/99 1(904)760-7000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN (OFFICER OR DIRECTOR)

** TOTAL PAGE.02 **