## 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 # **P96000070219**1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

GREAT AMERICAN FAN & LIGHTING, INC.

Principal Place	e of Business	Mailing Address			MOSTI MOSTIS SERVI DOSTA ISTANT STATE TATE TARE
,		2186 SUMMIT WAY	•		
2186 SUMMIT WAY PALM HARBOR FL 34684		PALM HARBOR FL 34684			
					E IN THIS SPACE
				3. Date Incorporated or Qualifed	ĺ
				08/22/1996 4. FEI Number	Applied For
	lace of Business	2a. Mailing Address			Applied For Not Applicable
21	ш	Suite, Apt. #, etc.		59-3315035	\$8.75 Additional
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.		5. Certifcate of Status Desired	Fee Required
City & State	Α	City & State		6. Election Campaign Financing	55.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the currer	nt year Intangible
24	25	29 30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre			10. Name and Address of New Re	gistered Agent
			81 Name	Robert D. Marca	CSA
BRESCIA, ROBERT			82 Street A	ddress (P.O. Box Number is Not Acceptab	le) +-11.7
2186 SUMMIT WAY			<u> </u>	3444 EAST LAKE IL	と 本412
PALI	M HARBOR FL 34684		83		
			84 City (	VI 11 1	85 Zip Code
			, t	Alm Haber	FL   34685
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above-named o	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of Section 607.0505, Florid	a Statutes.	ration's board of directors. I hereby accept	1/2/2
SIGNATURE	/ Coler	Nan_			//25/59
	Signature, typed or printed name of registered ag		gistered Agent signature re-	quired when reinstating)  ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
12.	D OFFICERS A	ND DIRECTORS	1.1 TITLE	D C	Change Addition
TITLE	BRESCIA, ROBERT			Robert BresciA	~ · -
NAME	A4AA ALIB 45.499 14141/		1.3 STREET ADDRESS	31567 US HW 19 N	
STREET ADDRESS	l .			21261 05 year 2	346821
CITY-ST-ZIP	PALM HARBOR FL 34684	□ DELETE	1.4 CITY-\$T-ZIP 2.1 TITLE	PAIM HATTE, PI	Change Addition
TITLE		- Defete			
NAME			2.2 NAME		
STREET ADDRESS	}		2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-Z3P 3.1 TITLE		Change Addition
TITLE		Detere	3.2 NAME		
NAME			· \		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY- ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE		- Deteric	1	•	
NAME.			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETÉ	5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS	1				
CITY-ST-ZIP		☐ DELETÉ	5.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or off an attachment with an address, with

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

Daytime Phone #

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90036 010 \*\*\*150.00