

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000017839 (6)**

1. Corporation Name

THE LIGHTING TECHNOLOGY GROUP, INC.



Principal Place of Business

Mailing Address

**4657 TAHITI DRIVE
BONITA SPRINGS FL 34134**

**4657 TAHITI DRIVE
BONITA SPRINGS FL 34134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1997

4. FEI Number

013-30-0198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 7321 Constitution Cir

Suite, Apt. #, etc.

22

City & State

23 Fort Myers FL

Zip

24 33912

Country

25 Lee

2a. Mailing Address

26 7321 Constitution Cir

Suite, Apt. #, etc.

27

City & State

28 Fort Myers FL

Zip

29 33912

Country

30 Lee

9. Name and Address of Current Registered Agent

**OLSON, ALBERT W
4657 TAHITI DRIVE
BONITA SPRINGS FL 34134**

10. Name and Address of New Registered Agent

81 Name

Olson Albert W

82 Street Address (P.O. Box Number is Not Acceptable)

7321 Constitution Cir

83

84 City

Fort Myers

FL

85 Zip Code

33912

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
OLSON, ALBERT W
4657 TAHITI DRIVE
BONITA SPRINGS FL 34134**

TITLE ☐ DELETE

**VD
OLSON, PATRICA A
4657 TAHITI DRIVE
BONITA SPRINGS FL 34134**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**PD
Olson Albert W
7321 Constitution Cir
Fort Myers FL 33912**

2.1 TITLE ☒ Change ☐ Addition

**VD
Olson Patricia A
7321 Constitution Cir
Fort Myers FL 33912**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**500002438565
-02/24/98--01009--003
***150.00**

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.

SIGNATURE

Albert W. Olson

2/16/98

CR2E034 (10/97)