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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000064808 (3)

ROADWAY LIGHTING SERVICES, INC.

Principal Place of Business Mailing Address 3928 S.E. JACARANDA STREET 3928 S.E. JACARANDA STREET

**FILED** Mar 23 1998 8:00am Secretary of State



| STUART FL 3                                     | 14997   |                | STUART FL 34997       |               |   |                |   |                    |               |
|---|---|----------------|-----------------------|---------------|---|----------------|---|--------------------|---------------|
|   |   |                |                       |               |   |                | DO NOT WRITE IN THIS SPACE  |                    |               |
| i i   |   |                |                       |               |   |                | 3. Date Incorporated or Qualified 07/24/1997  |                    |               |
| 2. Principal Place of Business                  |   |                | 2a. Mailing Address   |               |   |                | 4. FEI Number   | A                  | pplied For    |
| 21  |   | 26             | 26                    |               |   |                | 65-0780749  | N                  | ot Applicable |
| Suite, Apt.                                     | ₩, etc.   | 27             | Suite, Apt. #, etc.   |               |   |                | 5. Certificate of Status Desired See Required   |                    |               |
| City & State                                    | e   | 7              | City & State          |               |   |                | 6. Election Campaign Financing  | \$5.00             | May Be        |
| 23  |   | 28             | 28                    |               |   |                | Trust Fund Contribution Added to Fees   |                    |               |
| Zip   | Country Zip                                     |                |                       | Country       |   |                | 8. This corporation owes or has paid the cu   | irrent year In     | tang ble      |
| 24  | 25  | 29             |                       | 30            |   |                | Personal Property Tax due June 30. 🕱 Yes 🗌 No   |                    |               |
| 9. Name and Address of Current Registered Agent |   |                |                       |               | 10. Name and Address of New Registered Agent  81 Name |                |   |                    |               |
| WAGNER, PEGGY L                                 |   |                |                       |               | Na  | ne             |   |                    |               |
| 11130 S.E. FEDERAL HIGHWAY                      |   |                |                       |               | 82 Street Add   |                | ss (P.O. Box Number is Not Acceptable)  |                    |               |
| HO  | BE SOUND FL 33455                               |                |                       |               |   |                | to (i.e. box vianibor is not recopiable)  |                    |               |
|   |   |                |                       | 83            | 3   |                |   |                    |               |
|   |   |                |                       | 84            | 0.4   |                |   | las I 7:           | O-d-          |
|   |   |                |                       | 64            | City  | •              | Fi  | _ <b> 85  </b> Zip | Code          |
| 11. Pursuant                                    | to the provisions of Sections 607.              | 0502 and 607   | 1508, Florida Statute | es, the above | e-nan   | ed corpo       | ration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing i      | ts registered |
| agent. I a                                      | im familiar with, and accept the ol             | bligations of, | Section 607.0505, Flo | rida Statuté  | iy tile i<br>lS.                                      | Joiporatio     | or s board or directors. Thereby accept the ap  | politinent as      | , registered  |
| SIGNATURE                                       |   |                |                       |               |   |                |   |                    |               |
|   | Signature, typed or printed hanse of registered |                |                       | <del></del>   | ent sign  | ature required | d when reinstating) DATE  |                    |               |
| 12. OFFICERS AND DIRECTORS                      |   |                |                       |               | 13.   |                | ADDITIONS/CHANGES TO OFFICERS AN  |                    |               |
| TITLE   | President                                       |                | ☐ DELETE              | 1.1 TITLE     |   |                |   | ☐ Change           | ] Addition    |
| NAME  | James Michael Gil                               |                |                       | 1.2 NAME      |   |                |   |                    |               |
| STREET ADDRESS                                  |   |                |                       |               | 1.3 STREET ADDRESS                                    |                |   |                    |               |
| CITY-ST-ZIP                                     | Stuart, FL 34997                                |                |                       |               | 1.4 CITY - ST - ZIP                                   |                |   |                    |               |
| TITLE   | VP □ DELETE                                     |                |                       |               | 2.1 TITLE   |                |   | Change             | Addition      |
| NAME  | Fred Louis Drexle                               |                |                       | 2.2 NAME      |   | - 1            |   |                    | •             |
| STREET ADDRESS, 14420 82nd Lane North           |   |                |                       | 2.3 STREE     | 2.3 STREET ADDRESS                                    |                |   |                    |               |
| CITY-ST-ZIP                                     | Loxahatchee, FL 33470                           |                |                       |               | 2 4 CITY-ST-ZIP                                       |                |   |                    |               |
| TITLE   | ☐ DELETE  |                |                       |               |   |                |   | Change             | Addition      |
| NAME -  |   |                |                       | 3.2 NAME      |   | -              |   |                    | ļ             |
| STREET ADDRESS                                  |   |                |                       | 3.3 STREE     | T ADDRE   | ss             |   |                    |               |
| CITY-ST-ZIP                                     |   |                |                       | 3 4. CITY-    | ST-ZIP  |                |   |                    |               |
| TITLE   |   |                | DELETE                | 4.1 TITLE     |   |                |   | ☐ Change           | Addition      |
| NAME  |   |                |                       | 4. 2 NAME     |   | -              |   |                    | 1             |
| STREET ADDRESS                                  |   |                |                       | 4.3 STREE     | T ADDRE   | ss             |   |                    |               |
| CITY-ST-ZIP                                     |   |                |                       | 4.4 CITY-     | ST - ZIP  |                |   |                    |               |
| TITLE   |   |                | DELETE                | 5.1 TITLE     |   |                |   | Change             | Addition      |
| NAME  |   |                |                       | 5.2 NAME      |   |                |   |                    |               |
| STREET ADDRESS                                  |   |                |                       | 5.3 STREE     | T ADDRE   | ss             |   |                    |               |
| CITY-ST-ZIP                                     |   |                |                       | 5.4 CITY-     |   |                |   |                    |               |
| TITLE   |   |                | DELETE                | 6.1 TITLE     |   |                |   | Change             | Addition      |
| NAME  |   |                |                       | 6.2 NAME      |   |                |   | -                  | l             |
| STREET ADDRESS                                  |   |                |                       | 6.3 STREE     | T ADDRF   | ss             |   |                    | ļ             |
| CITY-ST-ZIP                                     |   |                |                       | 6.4 CITY -    |   | -              |   |                    |               |
| 0111-31-211                                     |   |                |                       | 0.4 01111     | 31-211  |                |   |                    |               |

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:

JAMES M. G. Ilsam

3.18.98

561.286 9651