

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90023 022 ***550.00

DOCUMENT # **P97000080662**

1. Corporation Name

LIGHTNING ELECTRIC OF NORTH FLORIDA, INC.

Principal Place of Business

**4031 N.W. 97TH BLVD. #C
GAINESVILLE FL 32606**

Mailing Address

**4031 N.W. 97TH BLVD. #C
GAINESVILLE FL 32606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1997

4. FEI Number

59-3472904

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **7422 NW 127th PL.**

Suite, Apt. #, etc.

22 City & State

23 **Alachua, FL.**

Zip

Country

24 **32615**

25 **US**

2a. Mailing Address

26 **7422 NW 127th PL.**

Suite, Apt. #, etc.

27 City & State

28 **Alachua, FL.**

Zip

Country

29 **32615**

30 **US**

9. Name and Address of Current Registered Agent

**ENWALL, PETER C. K
2790 NW 43RD STREET
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 **D** ☐ DELETE

NAME **BENTON, WALTER J**
STREET ADDRESS **7422 N.W. 127TH PLACE**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **D** ☐ DELETE

NAME **CASON, DENNIS J**
STREET ADDRESS **ROUTE 2 BOX 940**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE **D** ☒ DELETE

NAME **EDGAR, DWIGHT**
STREET ADDRESS **2007 N.W. 34TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

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 **V/P/D** ☒ Change ☐ Addition

1.2 NAME **DENNIS J. CASON**

1.3 STREET ADDRESS **RT 2 BOX 940**

1.4 CITY-ST-ZIP **High Springs, FL. 32643**

2.1 TITLE **P/D** ☒ Change ☐ Addition

2.2 NAME **WALTER J. BENTON**

2.3 STREET ADDRESS **7422 NW 127th PL.**

2.4 CITY-ST-ZIP **Alachua, FL. 32615**

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

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:

DENNIS J. CASON

7-6-99

352-332-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)