

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000084562 (2)

1. Corporation Name

LIGHTFOOT & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

10063 OLD CENTERVILLE RD
TALLAHASSEE FL 32308

10063 OLD CENTERVILLE RD
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/30/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3473831	
24 Country		30 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIGHTFOOT, LUCIA
10063 OLD CENTERVILLE RD
TALLAHASSEE FL 32308

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Lucia Lightfoot

(NOTE: Registered Agent signature required when reinstating)

4/29/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE	1.1 TITLE	Change	Addition
NAME	LIGHTFOOT, GORDON W		1.2 NAME		
STREET ADDRESS	10063 OLD CENTERVILLE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP		
TITLE	TD	DELETE	2.1 TITLE	Change	Addition
NAME	LIGHTFOOT, LUCIA C		2.2 NAME		
STREET ADDRESS	10063 OLD CENTERVILLE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP		
TITLE	VD	DELETE	3.1 TITLE	Change	Addition
NAME	LIGHTFOOT, SEAN W		3.2 NAME		
STREET ADDRESS	901 OCEAN BLVD APT 61		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		3.4 CITY-ST-ZIP		
TITLE	SD	DELETE	4.1 TITLE	Change	Addition
NAME	BRIDGES, JENNA K		4.2 NAME		
STREET ADDRESS	10061 OLD CENTERVILLE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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

Gordon W Lightfoot

CR2E034 (10/97)