PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700096402

SITE LIGHTING DESIGNS, INC.

Principal Place of Business	s
264 GREENBRIAR DRIVE PALM SPRINGS FL 33461	

Mailing Address

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90047 027 ***150.00



264 Greenbriar Drive Palm Springs FL 33461	264 GREENBRIAR DRIVE PALM SPRINGS FL 33461				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 11/12/1997				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For			
1	26			65-0793487	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country		untry		This corporation owes the current year the Personal Property Tax.	ntangible □ Yes X No			
	f Current Registered Agent			10. Name and Address of New Registere	d Agent			
		81	Name					
JEFFCOAT, RANDAL 264 GREENBRIAR DRIVE		82	Street Address (P.O. Box Number is Not Acceptable)					
PALM SPRINGS FL 33461		83						
		84	City	F	L 85 Zip Code			
44 D of Castions	607 0502 and 607 1508 Florida Statutes the a	above.	-named corno	ration submits this statement for the purpose of	of changing its registered			

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 register 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 DIRECTO		13.		CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition		
NAME	JEFFCOAT, RANDAL R		1.2 NAME						
STREET ADDRESS	264 GREENBRIAR DRIVE		1.3 STREET ADDRESS			•	ļ		
CITY-ST-ZIP	PALM SPRINGS FL 33461		1.4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition		
NAME	JEFFCOAT, KATHLEEN L		2.2 NAME						
STREET ADDRESS	264 GREENBRIAR DRIVE		2.3 STREET ADDRESS						
CITY-ST-ZIP	PALM SPRINGS FL 33461		2. 4 CITY-ST-ZIP	× . • • •		- · <u>- · · · · · · · · · · · · · · · · ·</u>			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS				Ĭ		
CITY-ST-ZIP			3.4, CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition		
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS				İ		
CITY-ST-ZIP			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						

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, with all other like empowered.

SIGNATURE&