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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000042438 1. Corporation Name HARRISON LIGHTING, INC.

## **FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90141 008 \*\*\*150.00



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Principal Place of Business Mailing Address						
1932 SO. FEDERAL HIGHWAY STUART FL 34994		1932 So. Federal Highw Stuart FL 34994	VAY		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 05/08/1998	
2. Principal Place of Business		2a. Mailing Address	<b>├</b> ──¬		4. FEI Number Applied For Not Applicable	
21		Suite, Apt. #, etc.			Solutional Not Applicable \$8.75 Additional	
Suite, Apt. #, etc.		<b>⊢</b> ''			5. Certificate of Status Desired Fee Required	
City & State		City & State		·	6 Flection Campaign Financing \$5.00 May Re	
23		28			Trust Fund Contribution Added to Fees	
Zip Country		Zip			8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax.	
::71	9. Name and Address of Curre	<del>,_1_1</del>			10. Name and Address of New Registered Agent	
		<u> </u>			ne	
BATEY, CHARLES 1115 THERESA STREET STUART FL 34996				82 Stree	eet Address (P.O. Box Number is Not Acceptable)	
		•		3.166	et Address (1 . O. Box Namber to Not Acceptable)	
				83		
				84 City	85 Zip Code	
•					ed corporation submits this statement for the purpose of changing its registered	
SIGNATURE	m familiar with, and accept the obligations of the obligation of t		E: Registered		ure required when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TTLE	D	☐ DELETE	1.1 π	n.E	Change Addition	
NAME	BATEY, CHAPLES		1.2 NA	WE		
STREET ADDRESS	1115 THERESA STREET		1.3 ST	REET ADDRES	SSS	
CITY-ST-ZIP	STUART FL 34996		_	TY-ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	1, 2.1 π			
NAME			2.2 NA			
STREET ADDRESS				REET ADDRES	iss .	
CITY-ST-ZIP		- December	_	nty-ST-ZIP	☐ Change ☐ Addition	
TITLE	,	☐ DELETE	3.1 TT			
NAME			3.2 NA			
STREET ADDRESS			L	REET ADDRES	.555	
CITY-ST-ZIP		□ DELETE	_	ITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		₩ OELE IE	4.1 TT 4.2 N			
NAME				REET ADORES	292	
STREET ADDRESS				TY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	4.4 CI		☐ Change ☐ Addition	
TITLE	,		5.2 NA			
NAME STREET ADDRESS	·			REET ADORES	ESS	
				TY-ST-ZIP		
CITY-ST-ZIP TITLE	-	☐ DELETE	6.1 TF		☐ Change ☐ Addition	
NAME		<u> </u>	6.2 N/	AME		
STREET ADDRESS	Land of a		1	REET ADDRES	ESS .	
CITY OF \$10	The secretary			TY-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, with all other like empowered.