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

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90104 002 ***150.00

DOCUMENT # P98000062286

1. Corporation Name

CITY-ST-ZIP

LIGHTHOUSE LATH & FRAMING CONSTRUCTIN, INC.

Principal Place of Business Mailing Address						 -	t (921/00) isa izial izisi aziit odisi adist adisa dasia asiid siida sida isaa idisa aii	1851	
1409 NORTHEAST 5TH LANE		1403 NORTHEAST 5TH LANE							
CAPE CORAL F	1. 33909	CAPE CORAL FL 33909	CAPE CURAL PL 33909				DO NOT WRITE IN THIS SPACE		
		12			_	3.	. Date Incorporated or Qualifed		
							07/15/1998	ļ	
2 Principal Pl	ace of Business	2a. Mailing Address				4.	, FEI Number Applied Fo	r	
21		26					6.5 - 0648/99 Not Applica	able	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 Additiona	al	
22		27				5.	6. Certificate of Status Desired		
City & State	9	City & State				6	. Election Campaign Financing S5.00 May Be		
23		28) -	Trust Fund Contribution Added to Fees	Ì	
Zip				untry		8.	. This corporation owes the current year Intangible		
24	25	29	30				Personal Property Tax.		
	9. Name and Address of Curren					10). Name and Address of New Registered Agent		
				81	Nam	e ·			
AMERILAWYER				82	Cérne	+ A -l-droop //	D.O. Boy Number is Not Assentable)		
343 ALMERIA AVENUE				02	Sire	eet Address (P.O. Box Number is Not Acceptable)			
COR	AL GABLES FL 33134			83					
								—	
				84	City		FL 85 Zip Code	- 1	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				bove	e-name	d corporatio	on submits this statement for the purpose of changing its register	ed	
office or r	egistered agent, or both, in the State	of Florida. Such change wa	as authorize	d by	the cor	poration's b	poard of directors. I hereby accept the appointment as registered	Į	
agent. i a	m familiar with, and accept the obliga-	uons or, section 607.0505,	riolida Sia	lutes					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (f	NOTE: Registere	d Ager	t signatur	e required when	renstating) DATE	}	
12,		ID DIRECTORS	13.		A digitato		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12	
TITLE	PSTD	☐ DELETE					☐ Change ☐ Ad	dition	
NAME	REHBEIN, RANDY W	_	121	AME)	
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STREET ADDRESS			6.3 5	TREE	TADDRES	is			

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.

6.4 CITY-ST-ZIP

SIGNATURE: