

AMOUNT DUE ON OR BEFORE 12/31/99: \$339 (IF APPLICABLE, MINIMUM AMOUNT DUE TO REINSTATE: \$150).

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90175 026 \*\*\*150.00

**DOCUMENT # P98000105904**

1. Corporation Name

**GFS LIGHTING, INC.**

Principal Place of Business

 12401 BRISTOL COMMONS CIRCLE  
 TAMPA FL 33626

Mailing Address

 POST OFFICE BOX 261795  
 TAMPA FL 33686-1795

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1998

2. Principal Place of Business

 Suite, Apt. #, etc.  
 City & State  
 Zip Country

2a. Mailing Address

 Suite, Apt. #, etc.  
 City & State  
 Zip Country

 25  
 29  
 30

4. FEI Number

59-3547728

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

9. Name and Address of Current Registered Agent

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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

2. OFFICERS AND DIRECTORS

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
☐ DELETE

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
☐ DELETE

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 CITY-STATE-ZIP  
☐ DELETE

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/99

813-814-0798

Daytime Phone #

CR2E034 (5/99)