

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 11:37

DOCUMENT # S07781 (5)

1. Corporation Name
ALL STATES LIGHTING, INC.

Principal Place of Business Mailing Address
**3780 SILVER STAR RD
ORLANDO FL 32808** **3780 SILVER STAR RD
ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/15/1990 **02/08/1994**

4. FEI Number Applied For
59-3045526 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip Country 30. Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFIN, TOM
3780 SILVER STAR ROAD
ORLANDO FL 32808**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **NARDONE, CLAIRE P**
STREET ADDRESS: **4625 SLOEWOOD DRIVE**
CITY-ST-ZIP: **MT. DORA FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: **D**
NAME: **GRIFFIN, MARY A**
STREET ADDRESS: **5035 CONTOURA DRIVE**
CITY-ST-ZIP: **ORLANDO FL 32810**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: **D**
NAME: **LEUTZ, DAVID L**
STREET ADDRESS: **4625 SLOEWOOD DRIVE**
CITY-ST-ZIP: **MT. DORA FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: **D**
NAME: **GRIFFIN, TOMMY L**
STREET ADDRESS: **5035 CONTOURA DRIVE**
CITY-ST-ZIP: **ORLANDO FL 32810**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Tommy L Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-95
Date

407-294-0404
Telephone Number