

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S07781** (5)  
1. Corporation Name  
**ALL STATES LIGHTING, INC.**



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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
25. Country: 25, 29, 30

3. Date Incorporated or Qualified: **10/15/1990**  
3a. Date of Last Report: **01/19/1995**  
4. FEI Number: **59-3045526**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

g. Name and Address of Current Registered Agent

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

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 607.0702 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 607.0706, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 NAME	<b>D</b>	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	<b>NARDONE, CLAIRE P 4625 SLOEWOOD DRIVE MT. DORA FL</b>	
12.3 CITY-STATE-ZIP	<b>D</b>	<input type="checkbox"/> DELETE
12.4 NAME	<b>GRIFFIN, MARY A</b>	
12.5 STREET ADDRESS	<b>5035 CONTOURA DRIVE ORLANDO FL 32810</b>	
12.6 CITY-STATE-ZIP	<b>D</b>	<input type="checkbox"/> DELETE
12.7 NAME	<b>LEUTZ, DAVID L</b>	
12.8 STREET ADDRESS	<b>4625 SLOEWOOD DRIVE MT. DORA FL</b>	
12.9 CITY-STATE-ZIP	<b>D</b>	<input type="checkbox"/> DELETE
12.10 NAME	<b>GRIFFIN, TOMMY L</b>	
12.11 STREET ADDRESS	<b>5035 CONTOURA DRIVE ORLANDO FL 32810</b>	
12.12 CITY-STATE-ZIP	<b>D</b>	<input type="checkbox"/> DELETE
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY-STATE-ZIP		<input type="checkbox"/> DELETE
12.16 NAME		
12.17 STREET ADDRESS		
12.18 CITY-STATE-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-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 119.07(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 authorized 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 attached form with an address.

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

2-9-96

CR2E034 (12/95)