

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 17 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S07781 (5)**

1. Corporation Name  
**ALL STATES LIGHTING, INC.**

Principal Place of Business <b>3780 SILVER STAR RD          ORLANDO FL 32808</b>	Mailing Address <b>3780 SILVER STAR RD          ORLANDO FL 32808</b>
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DO NOT WRITE IN THIS SPACE

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 Country
24	29

3. Date Incorporated or Qualified <b>10/15/1990</b>	
4. FEI Number <b>59-3045526</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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 607.0502 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.

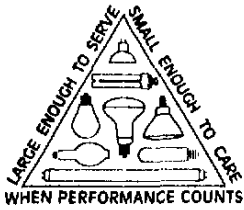
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NARDONE, CLAIRE P</b>	1.2 NAME	
STREET ADDRESS	<b>4625 SLOEWOOD DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MT. DORA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIFFIN, MARY A</b>	2.2 NAME	
STREET ADDRESS	<b>5035 CONTOURA DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEUTZ, DAVID L</b>	3.2 NAME	
STREET ADDRESS	<b>4625 SLOEWOOD DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MT. DORA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIFFIN, TOMMY L</b>	4.2 NAME	
STREET ADDRESS	<b>5035 CONTOURA DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>600002593136</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-07/20/98--01074--020</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***158.75</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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.

SIGNATURE: *Tommy L Griffin* **7-13-98 407-294-0404**

CR2E034 (5/98)



# **ALL STATES LIGHTING**

**Quality Industrial Lighting and Maintenance**

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July 10, 1998

To whom it may concern:

After reviewing our bank statements, our check #27537 dated January 16, 1998 has not cleared. I called the State and requested a new form to refile, and put a stop payment on our original check.

Thank you.

Sincerely,

Diana Blaney  
Operations Manager