

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

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # **S77176** (3)
1. Corporation Name
LIGHTNER CONTRACTING, INC.



Principal Place of Business: P O BOX 5189, IMMOKALEE FL 33934, US
Mailing Address: P O BOX 5189, IMMOKALEE FL 33934, US

2. Principal Place of Business: 21, State, Apt. #, etc., 22, City & State, 23, Zip, Country, 24, 25
2a. Mailing Address: 26, State, Apt. #, etc., 27, City & State, 28, Zip, Country, 29, 30

3. Date Incorporated or Qualified: 08/27/1991
3a. Date of Last Report: 05/01/1995
4. FLIN Index: 65-0287230
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

9. Name and Address of Current Registered Agent
QUEEN, JACK A.
211 N. 9TH STREET
IMMOKALEE FL 33934

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 607.0506, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: D	12.2 NAME: QUEEN, JACK A.	13.1 TITLE:	13.2 NAME:
12.3 STREET ADDRESS: 211 N. 9TH STREET	12.4 CITY-STATE-ZIP: IMMOKALEE FL	13.3 STREET ADDRESS:	13.4 CITY-STATE-ZIP:
12.5 TITLE: P	12.6 NAME: LIGHTNER, R DAVID JR	13.5 TITLE:	13.6 NAME:
12.7 STREET ADDRESS: 4686 TRAFFORD FARMS ROAD	12.8 CITY-STATE-ZIP: IMMOKALEE FL	13.7 STREET ADDRESS:	13.8 CITY-STATE-ZIP:
12.9 TITLE:	12.10 NAME:	13.9 STREET ADDRESS:	13.10 CITY-STATE-ZIP:
12.11 STREET ADDRESS:	12.12 CITY-STATE-ZIP:	13.11 TITLE:	13.12 NAME:
12.13 TITLE:	12.14 NAME:	13.13 STREET ADDRESS:	13.14 CITY-STATE-ZIP:
12.15 STREET ADDRESS:	12.16 CITY-STATE-ZIP:	13.15 TITLE:	13.16 NAME:
12.17 TITLE:	12.18 NAME:	13.17 STREET ADDRESS:	13.18 CITY-STATE-ZIP:
12.19 STREET ADDRESS:	12.20 CITY-STATE-ZIP:	13.19 TITLE:	13.20 NAME:
12.21 TITLE:	12.22 NAME:	13.21 STREET ADDRESS:	13.22 CITY-STATE-ZIP:
12.23 STREET ADDRESS:	12.24 CITY-STATE-ZIP:	13.23 TITLE:	13.24 NAME:
12.25 TITLE:	12.26 NAME:	13.25 STREET ADDRESS:	13.26 CITY-STATE-ZIP:
12.27 STREET ADDRESS:	12.28 CITY-STATE-ZIP:	13.27 TITLE:	13.28 NAME:
12.29 TITLE:	12.30 NAME:	13.29 STREET ADDRESS:	13.30 CITY-STATE-ZIP:
12.31 STREET ADDRESS:	12.32 CITY-STATE-ZIP:	13.31 TITLE:	13.32 NAME:

P / D

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(5)(a), Florida Statutes. I further certify that the information included 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 secretary or treasurer employed to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or on the attached list with an address.

SIGNATURE: *R. David Lightner*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)