

1-14-97 10-0104C

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED AND FILED

97 JAN 14 AM 9:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34143-5003 US
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3. Date Incorporated or Qualified 08/27/1991	3a. Date of Last Report 04/09/1996
4. FEI Number 65-0287230	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Sute. Apt. #, etc.	26. Suite. Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 34143	29. 34143
25. Country	30. Country

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
85. Zip Code FL 34142

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 D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME QUEEN, JACK A.		1.2 NAME	
STREET ADDRESS 211 N. 9TH STREET		1.3 STREET ADDRESS	
CITY - ST - ZIP IMMOKALEE FL		1.4 CITY - ST - ZIP	34142
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIGHTNER, R DAVID JR		2.2 NAME	
STREET ADDRESS 4888 TRAFFORD FARMS ROAD		2.3 STREET ADDRESS	1440 Botanicale DR.
CITY - ST - ZIP IMMOKALEE FL		2.4 CITY - ST - ZIP	34142
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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 do 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: *R. David Lightner Jr.* DATE: **2/8/97** DAYTIME PHONE #: **941-657-4300**

CR2E034 (9/96)