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FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S86169 (7)

1. Corporation Name  
LIGHTNING PARTNERS, INC.

Principal Place of Business

501 E KENNEDY BLVD  
175  
TAMPA FL 33602  
US

Mailing Address

501 E KENNEDY BLVD  
175  
TAMPA FL 33602-5200  
US



2. Principal Place of Business

21 401 Channelside Drive

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

24 33602

25 USA

2a. Mailing Address

26 401 Channelside Drive

Suite, Apt. #, etc.

27 City & State

28 Tampa, FL

29 33602

30 USA

3. Date Incorporated or Qualified  
10/09/1991

3a. Date of Last Report  
10/23/1996

4. FEI Number  
59-3086400

Applied For  
Not Applicable

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

DAVIS, PAUL C  
ONE HARBOUR PLACE  
5TH FLOOR  
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME OTO, SABURO  
STREET ADDRESS 501 E. KENNEDY BLVD., SUITE 175  
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE D  
NAME HIGASHIYAMA, TASUKIYO  
STREET ADDRESS 501 E. KENNEDY BLVD., SUITE 175  
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE SD  
NAME OKU, TADASHIGE  
STREET ADDRESS 501 E. KENNEDY BLVD., SUITE 175  
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE D  
NAME MEADA, FUKUSABURO  
STREET ADDRESS 501 E. KENNEDY BLVD., SUITE 175  
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE D  
NAME SUGIOKA, YOSHIYUKI  
STREET ADDRESS 201 E. KENNEDY BLVD, SUITE 175  
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE D  
NAME SMITH, WM REECE JR  
STREET ADDRESS ONE HARBOUR PLACE 5TH FL  
CITY-ST-ZIP TAMPA FL 33602

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DPT  
12 NAME OTO, SABURO  
13 STREET ADDRESS 401 CHANNELSIDE DRIVE  
14 CITY-ST-ZIP TAMPA, FL 33602

☒ Change ☐ Addition

21 TITLE SD  
22 NAME PHILLIPS, CHRIS  
23 STREET ADDRESS 401 CHANNELSIDE DRIVE  
24 CITY-ST-ZIP TAMPA, FL 33602

☐ Change ☒ Addition

31 TITLE CD  
32 NAME OKUBO, TAKASHI  
33 STREET ADDRESS 401 CHANNELSIDE DRIVE  
34 CITY-ST-ZIP TAMPA, FL 33602

☐ Change ☒ Addition

41 TITLE D  
42 NAME SUGIOKA, YOSHIYUKI  
43 STREET ADDRESS 401 CHANNELSIDE DRIVE  
44 CITY-ST-ZIP TAMPA, FL 33602

☒ Change ☐ Addition

51 TITLE D  
52 NAME SATO, FRANK  
53 STREET ADDRESS 401 CHANNELSIDE DRIVE  
54 CITY-ST-ZIP TAMPA, FL 33602

☐ Change ☒ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS 200002189022  
64 CITY-ST-ZIP -05/23/97--01002--008  
\*\*\*558.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/97

Date

813/229-2658

Daytime Phone #

CR2E034 (9/96)