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**Mar 18 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 # S98534 (8)

1. Corporation Name
GULFCOAST LIGHTING MAINTENANCE, INC.



Principal Place of Business
**4275 188TH AVE NO
CLEARWATER FL 34622
US**

Mailing Address
**P O BOX 1908
PINELLAS PARK FL 33780-1908
US**

3. Date Incorporated or Qualified
12/05/1991

3a. Date of Last Report
03/08/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3092055	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent
**STEVENS, JOE L
4275 118TH AVE. NO.
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name **STEVENS, PEGGY A.**

82 Street Address (P.O. Box Number is Not Acceptable)
4275 - 118TH AVE. NO.

83

84 City **CLEARWATER** FL 85 Zip Code **34622**

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 **Peggy A. Stevens** *Peggy A. Stevens* **3/12/97**
(Signature of new or current registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STEVENS, JOE L	
STREET ADDRESS	4275 118TH AVE. NO.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEVENS, PEGGY A	
STREET ADDRESS	4275 118TH AVE NO.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAVERLAND, HERMAN G	
STREET ADDRESS	4275 118TH AVENUE NORTH	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAVERLAND, ROSEMARY	
STREET ADDRESS	4275 118TH AVENUE NORTH	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HAVERLAND, GARRY J.	
13 STREET ADDRESS	4275 - 118TH AVE. NO.	
14 CITY-ST-ZIP	CLEARWATER, FL 34622	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	PUCKETT, BRENDA L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	V.P. DIRECTOR	
33 STREET ADDRESS	4275-118TH AVE. NO.	
34 CITY-ST-ZIP	CLEARWATER, FL 34622	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Peggy A. Stevens* **3-12-97 (813) 573-3055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)