


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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34664 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/05/1991	
4. FEI Number 59-3092055	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 12880 Automobile Blvd		2a. Mailing Address 26	
Suite, Apt. #, etc. 22 Suite "G"		Suite, Apt. #, etc. 27	
City & State 23 CLEARWATER, FL		City & State 28	
Zip 24 33762-4711	Country 25 USA	Zip 29	Country 30

9. Name and Address of Current Registered Agent

STEVENS, PEGGY A
4275 118TH AVENUE NORTH
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	12880 AUTOMOBILE BLVD
83	Suite "G"
84 City	CLEARWATER FL
85 Zip Code	33762

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**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVERLAND, GARRY J	1.2 NAME	
STREET ADDRESS	4275 118TH AVENUE N.E.	1.3 STREET ADDRESS	12880-A AUTOMOBILE BLVD
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 33762-4711
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, PEGGY A	2.2 NAME	
STREET ADDRESS	4275 118TH AVE NO.	2.3 STREET ADDRESS	12880-A AUTOMOBILE BLVD
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 33762-4711
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCKETT, BRENDA L	3.2 NAME	
STREET ADDRESS	4275 118TH AVENUE N.	3.3 STREET ADDRESS	12880-A AUTOMOBILE BLVD
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 33762-4711
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVERLAND, ROSEMARY	4.2 NAME	
STREET ADDRESS	4275 118TH AVENUE NORTH	4.3 STREET ADDRESS	12880-A AUTOMOBILE BLVD
CITY-ST-ZIP	CLEARWATER FL 34622	4.4 CITY-ST-ZIP	CLEARWATER, FL 33762-4711
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 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* 1/28/98 813-573-4595

CR2E034 (10/97)