


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

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

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	
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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

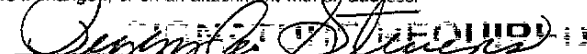
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	HAVERLAND, GARRY J	4275 118TH AVENUE N.E.	CLEARWATER FL			12880-A AUTOMOBILE BLVD	CLEARWATER, FL 33762-4711
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	STEVENS, PEGGY A	4275 118TH AVE NO.	CLEARWATER FL			12880-A AUTOMOBILE BLVD	CLEARWATER, FL 33762-4711
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	PUCKETT, BRENDA L	4275 118TH AVENUE N.	CLEARWATER FL			12880-A AUTOMOBILE BLVD	CLEARWATER, FL 33762-4711
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	HAVERLAND, ROSEMARY	4275 118TH AVENUE NORTH	CLEARWATER FL 34622			12880-A AUTOMOBILE BLVD	CLEARWATER, FL 33762-4711
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	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: 

1/28/98 813-573-4595

CR2E034 (10/97)