

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
~~ANNUAL REPORT~~  
1996



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

APPROVED  
AND  
FILED

97 MAY 23 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V56602 (8)

1. Corporation Name

FLORIDA LIGHTING/FLORIDA EMERGENCY LIGHTING INC.

**REINSTATEMENT** 96-97

Principal Place of Business

8649 NORTH HIMES  
SUITE 1208  
TAMPA FL 33614

Mailing Address

8649 NORTH HIMES  
SUITE 1208  
TAMPA FL 33614

3. Date Incorporated or Qualified

08/11/1992

3a. Date of Last Report

04/07/1995

4. FEI Number

59-3177006

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

2. Principal Place of Business

21 4408 SW 35<sup>th</sup> AVE

2a. Mailing Address

26 4408 SW 35<sup>th</sup> AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT. LAUDERDALE, FL

City & State

28 FT. LAUDERDALE, FL

Zip

Country

24 33312

25 BROWARD

Zip

Country

29 33312

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLANIGAN, RICK E.  
8649 NORTH HIMES  
SUITE 1208  
TAMPA FL 33614

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4408 SW 35<sup>th</sup> AVE.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33312

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

(NOTE: Registered Agent signature required when reinstating)

4/29/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME FLANIGAN, RICK E.

STREET ADDRESS 8649 N. HIMES - 0-1208

CITY - ST - ZIP TAMPA FL

TITLE ☐ DELETE

NAME FLANIGAN, PATRICK E.

STREET ADDRESS 8649 N. HIMES AVE - #1208

CITY - ST - ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

4408 SW 35<sup>th</sup> AVE

FT. LAUDERDALE, FL, 33312

☒ Change ☐ Addition

11310 BLOOMINGTON DR.

TAMPA, FL 33635

☐ Change ☒ Addition

VICE PRESIDENT

JAMES C. HEYMERS

6734 NW 70<sup>th</sup> AVE

TAMPA, FL 33321

☐ Change ☐ Addition

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\*\*\*923.75 \*\*\*923.75

☐ Change ☐ Addition

*[Signature]*  
5/23/97

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 (954) 894-9244  
Date Daytime Phone

CR2E034 (12/95)