

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000012567 (1)**

1. Corporation Name

**FAN LADY & LIGHTING, INC.**

Principal Place of Business

**3579 ACCESS RD S  
SUITE E  
ENGLEWOOD FL 34224**

Mailing Address

**3579 ACCESS RD S  
SUITE E  
ENGLEWOOD FL 34224**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**03/01/1994**

3a. Date of Last Report

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

4. FEI Number

**65-0472149**

Applied For

Not Applicable

**22** City & State

**27** City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**23** Zip

Country

**28** Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

**24**

**25**

**29**

**30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**MAGUIRE, PHYLLIS  
3579 ACCESS RD S  
SUITE E  
ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent

**B1** Name

**B2** Street Address (P.O. Box Number is Not Acceptable)

**B3**

**B4** City

**FL**

**B5** Zip Code

I, 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, Title or Printed Name of registered agent and fee if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

**TITLE** OWNER-PRESIDENT  
**NAME** PHYLLIS J. MAGUIRE  
**STREET ADDRESS** 5441 GILLOT BLVD.  
**CITY- ST- ZIP** PORT CHARLOTTE FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11** 1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

**2.1** TITLE  Change  Addition

**2.2** NAME

**2.3** STREET ADDRESS

**2.4** CITY- ST- ZIP

**3.1** TITLE  Change  Addition

**3.2** NAME

**3.3** STREET ADDRESS

**3.4** CITY- ST- ZIP

**4.1** TITLE  Change  Addition

**4.2** NAME

**4.3** STREET ADDRESS

**4.4** CITY- ST- ZIP

**5.1** TITLE  Change  Addition

**5.2** NAME

**5.3** STREET ADDRESS

**5.4** CITY- ST- ZIP

**6.1** TITLE  Change  Addition

**6.2** NAME

**6.3** STREET ADDRESS

**6.4** CITY- ST- ZIP

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 110.07(3)(b), 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 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 addition.

SIGNATURE: *Phyllis J. Maguire* **Phyllis J. Maguire** 4/26/95 813-475-6901