

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

THIS IS A REVISED ANNUAL REPORT

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 AUG -2 AM 9: 35

**DOCUMENT # P98000083654**

1. Corporation Name  
**K-24 LIGHTING, INC.**

Principal Place of Business  
**1801 N.W. 23rd Ave.  
Ste. D-2  
Gainesville, FL 32609**

Mailing Address  
**1801 N.W. 23rd Ave.  
Ste. D-2  
Gainesville, FL 32609**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		9/28/1998		59-3542550		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>\$8.75</b> Additional Fee Required <b>\$5.00</b> May Be Added to Fees	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State		7. Certificate of Status Desired					
23		28		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Zip		Zip		Country		Country			
24		25		29		30			

**9. Name and Address of Current Registered Agent**  
**Tomlinson, Kelly  
1801 N.W. 23rd Ave., Ste. D-2  
Gainesville, FL 32609**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D P S <input type="checkbox"/> DELETE	1.1 TITLE	D VP AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tomlinson, Kelly	1.2 NAME	Jennifer Eileen Tomlinson
STREET ADDRESS	1801 N.W. 23rd Ave., Ste. D-2	1.3 STREET ADDRESS	1801 N.W. 23rd Ave., Ste. D-2
CITY-ST-ZIP	Gainesville, FL 32609	1.4 CITY-ST-ZIP	Gainesville, FL 32609
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	200002955482--9
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	-08/10/99--01029--017
NAME		3.2 NAME	*****61.25 *****61.25
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 in an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ (352) 375-4170  
Date: July 26 1999  
Daytime Phone #

CR2E034 (11/98)