FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
Apr 21 1997 8:00am
Secretary of State

DOCUMENT # **F96295** **(3)**

1. Corporation Name
BRIGHT OUTDOORS, INC.

Principal Place of Business	Mailing Address
631 FIELD ST.(JOHNSON CITY.NY 13790) P.O. BOX 2092 BINGHAMTON NY 13902	631 FIELD ST.(JOHNSON CITY.NY 13790) P.O. BOX 2092 BINGHAMTON NY 13902-2092

3. Date Incorporated or Qualified: **08/20/1982**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business
21 NY ROUTE 11
Suite, Apt. #, etc.
22
City & State
23 KIRKWOOD NY
Zip
24 13795
Country
25

2a. Mailing Address
26 PO BOX 577
Suite, Apt. #, etc.
27
City & State
28 BINGHAMTON NY
Zip
29 13902
Country
30

4. FEI Number: **59-2210705** ☐ 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

9. Name and Address of Current Registered Agent

GRINER, WARD J
21902 STATE RD. 46
MT. DORA FL 32757

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
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 X Ward J Griner
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	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALBERTI, S.J.		1.2 NAME	
STREET ADDRESS	831 SKYLANE TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ENDWELL NY		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ZURN, ROBERTA		2.2 NAME	
STREET ADDRESS	2353 FARM TO MARKET ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	JOHNSON CITY NY		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CROWLEY, D.F.		3.2 NAME	
STREET ADDRESS	66 KENILWORTH ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: Roberta Zurn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #