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FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F95000000661 (7)

1. Corporation Name

MUSCO SPORTS LIGHTING, INC.

Principal Place of Business

2107 STEWART ROAD  
MUSCATINE IA 52761

Mailing Address

2107 STEWART ROAD  
MUSCATINE IA 52761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1995

4. FEI Number

42-1320717

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CROOKHAM, JOE P  
STREET ADDRESS 100 1ST AVE., WEST BOX 808  
CITY-ST-ZIP OSKALOOSA IA ☐ DELETE

TITLE VD  
NAME MCCOLLUM, THOMAS H  
STREET ADDRESS 100 1ST AVE., WEST BOX 808  
CITY-ST-ZIP OSKALOOSA IA ☐ DELETE

TITLE T  
NAME HYLAND, CHRISTOPHER  
STREET ADDRESS 100 1ST AVENUE WEST  
CITY-ST-ZIP OSKALOOSA IA ☐ DELETE

TITLE CD  
NAME GORDIN, MYRON K  
STREET ADDRESS 100 1ST AVE., WEST BOX 808  
CITY-ST-ZIP OSKALOOSA IA ☐ DELETE

TITLE S  
NAME HANSEN, JAMES M  
STREET ADDRESS 100 1ST AVE., WEST BOX 808  
CITY-ST-ZIP OSKALOOSA IA ☐ DELETE

TITLE V  
NAME FERREIRA, LUANN  
STREET ADDRESS 2107 STEWART ROAD  
CITY-ST-ZIP MUSCATINE IA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE V ☒ Change ☐ Addition  
2.2 NAME Diane Crookham-Johnson  
2.3 STREET ADDRESS 100 1st Avenue West, Box 808  
2.4 CITY-ST-ZIP Oskaloosa, IA 52577

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 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

James M. Hansen, Secretary 4/22/98 515 673-0411

CR2E034 (10/97)