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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90128 031 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F95000000661

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **CROOKHAM-JOHNSON, DIANE**
CITY-ST-ZIP **100 1ST AVE W BOX 808
OSKALOOSA IA 52577**

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

JAMES M. Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 515 673-0411

CR2E034 (11/98)