FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/20/1982
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SIGNORELLI, ANTOINETTE~~ ~~4381 NW 2ND AVENUE~~ ~~POMPANO BEACH FL 33064~~	81 Name: Ward John Griner 82 Street Address (P.O. Box Number is Not Acceptable): 31902 State Rd. 46 83 84 City: Mt. Dora, FL 85 Zip Code: 32757

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: Ward John Griner 4-26-95
Signature, typed or printed name of registered agent, 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	1.1 TITLE	☐ Change ☐ Addition
NAME	ALBERTI, S.J.	1.2 NAME	
STREET ADDRESS	631 SKYLANE TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENDWELL NY	1.4 CITY-ST-ZIP	
TITLE	T	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	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		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 (ROBERTA ZURN) Treasurer 4-27-95 607 775-4340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474010 FP