

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

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96295

(3)

1. Corporation Name:  
BRIGHT OUTDOORS, INC.



Principal Place of Business  
631 FIELD ST.(JOHNSON CITY,NY 13780)  
P.O. BOX 2092  
BINGHAMTON NY 13902

Mailing Address  
631 FIELD ST.(JOHNSON CITY,NY 13780)  
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.

2a. Mailing Address

26 PO Box 577  
Suite, Apt. #, etc.

4. FEI Number 59-2210705  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

23 KIRKWOOD NY  
Zip 13795 Country

27 City & State

28 BINGHAMTON NY  
Zip 13902 Country

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 607.0508, 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 J Griner*

Signature of president, officer or registered agent, as applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ALBERTI, S.J.	
STREET ADDRESS	831 SKYLANE TERRACE	
CITY-ST-ZIP	ENDWELL NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZURN, ROBERTA	
STREET ADDRESS	2353 FARM TO MARKET ROAD	
CITY-ST-ZIP	JOHNSON CITY NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CROWLEY, D.F.	
STREET ADDRESS	66 KENILWORTH ROAD	
CITY-ST-ZIP	BINGHAMTON NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 is based 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: *Robert Zurn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)