

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 PM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G21330 (7)			
1. Corporation Name BRIDGER DISPLAYS, INC.			
Principal Place of Business 600 TALLEMANS AVE. JACKSONVILLE FL 32204		Mailing Address 20 TALLEMANS AVE. JACKSONVILLE FL 32204	
1055 Park Street JACKSONVILLE, FL. 32204		1055 Park Street JACKSONVILLE, FL. 32204	
2. Principal Place of Business		2a. Mailing Address	
21	26	4. FEI Number 59-2245564	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	27	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23	28	8. This corporation has liability for intangible tax under S 190.032, Florida Statutes ☒ Yes ☐ No	
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ADKINS, ALYCE . 1846 MARGARET ST 1-B JACKSONVILLE FL 32204		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: Type or printed name of registered agent and the date of signature. (NOTE: Registered Agent signature required when registering.)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	ADKINS, ALYCE	1.2 NAME	
STREET ADDRESS	1846 MARGARET ST NO 1B	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	HYMAN, FLO	2.2 NAME	
STREET ADDRESS	1846 MARGARET ST NO 1B	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 registered agent 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: _____		ALYCE G. ADKINS 4-27-95 904-355-4577	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Expires (Month #)	