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 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H34305** **(3)**

1. Corporation Name

BRIGHT IMAGE, INC.

Principal Place of Business	Mailing Address
375 N.E. 3RD ST. DELRAY BEACH FL 33483	375 N.E. 3RD ST. DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/17/1984**

3a. Date of Last Report: **06/27/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 County — 25 Zip — 29 County — 30

4. FEI Number: **59-2484058** ☐ 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 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
LITTLE, MARK D. 375 N.E. THIRD ST. DELRAY BEACH FL 33483	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 Section(s) 607.0502 and/or 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(s) 607.0505, Florida Statutes.

SIGNATURE

(If changing registered agent, Registered agent must sign here) (If changing registered agent or registered office address, Registered agent must sign here) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LITTLE, MARK D.	12 NAME	
STREET ADDRESS	1220 N. SWINTON AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	LITTLE, JAY B.	22 NAME	
STREET ADDRESS	324 CROTON WAY	23 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	MORRISON, DALE F.	32 NAME	
STREET ADDRESS	3757 LONE PINE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	LITTLE, GERALDINE	42 NAME	
STREET ADDRESS	1300 NW 4TH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	LITTLE, KIM H.	52 NAME	
STREET ADDRESS	324 CROTON WAY	53 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare, I certify that the information required with the filing is voluntarily furnished and true, not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. Further, I 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 1, 2 or Block 11 if changed, or is added in connection with an address.

SIGNATURE: *John D. Little* 4-28-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

407 278-7814
Telephone Number

0270443 CP