FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K97681** (6)

1. Corporation Name

OLSON LIGHTING COMPANY, INC.

Principal Place of Business	Mailing Address
150 MAGNOLIA AVE. (32014) PO BOX 426 DAYTONA BEACH FL 32115	150 MAGNOLIA AVE. (32014) PO BOX 426 DAYTONA BEACH FL 32115

3. Date Incorporated or Qualified: 06/23/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 1595 N. NOVA ROAD	26 1595 N. NOVA ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HOLLY HILL, FL	City & State 28 HOLLY HILL, FL
Zip 24 32117 · Country 25 USA	Zip 29 32117 · Country 30 USA

4. FEI Number: 59-2953395 ☐ 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

PALMETTO CHARTER SERVICES INC
150 MAGNOLIA AVE.
DAYTONA BEACH FL FL 32114

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	OLSON, STEPHEN W.	1.2 NAME	
STREET ADDRESS	390 N. BEACH STREET	1.3 STREET ADDRESS	1595 NORTH NOVA RD,
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	DV ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	OLSON, C.W. JR	2.2 NAME	
STREET ADDRESS	390 N. BEACH STREET	2.3 STREET ADDRESS	1595 NORTH NOVA RD.
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	T ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	OLSON, KAY	3.2 NAME	
STREET ADDRESS	390 N. BEACH STREET	3.3 STREET ADDRESS	1595 NORTH NOVA RD.
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	S ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	OLSON, JULIE	4.2 NAME	
STREET ADDRESS	390 N. BEACH STREET	4.3 STREET ADDRESS	1595 NORTH NOVA RD.
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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: X [signature] STEPHEN W. OLSON (4-16-96) 904-252-3707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CR2E034 (12/95)