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FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31678 (8)

1. Corporation Name

EDISON FESTIVAL OF LIGHT, INC.

Principal Place of Business

Mailing Address

% THOMAS B. HART PO BOX 1056
2210 BAY ST
FORT MYERS FL 33901% THOMAS B. HART PO BOX 1056
2210 BAY ST
FORT MYERS FL 33901-26273. Date Incorporated or Qualified
04/12/19893a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

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25

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30

4. FEI Number

65-0118122

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

HART, THOMAS B.
1625 HENDRY ST
S301
FORT MYERS FL 33901

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and 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 ☐ DELETE
NAME HIMSCHOOT, ROBERT
STREET ADDRESS 2210 BAY STREET
CITY-ST-ZIP FT MYERS FL 339011.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VP ☐ DELETE
NAME MARTIN, ROSS
STREET ADDRESS 12610 NEW BRITTANY BLVD.
CITY-ST-ZIP FORT MYERS FL 339072.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE P/D ☐ DELETE
NAME KAYE, BOB
STREET ADDRESS 2133 BROADWAY
CITY-ST-ZIP FORT MYERS FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME VALENTI, WILLIAM
STREET ADDRESS 2210 BAY STREET
CITY-ST-ZIP FT MYERS FL 339014.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME METHENY, MARVIN
STREET ADDRESS 1636 HENDRY ST
CITY-ST-ZIP FT. MYERS FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BENNETT, SUSAN
STREET ADDRESS 12734 KENWOOD LANE, STE. 85
CITY-ST-ZIP FT. MYERS FL 339076.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT D. KAYE

1/13/97

Date

941-334-2999

Daytime Phone # 0055755

CR2E037 (9/96)