SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

(1)

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JAN 18 PM 12:16
REINSTATEMENT APPLICATION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31678

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

REINSTATEMENT 99-2000

2. Principal Place of Business	2a. Mailing Address
1 2254 Edwards Drive (Suite, Apt. #, etc.)	26 2254 Edwards Drive (Suite, Apt. #, etc.)
2	27
3 Ft. Myers FL (City & State)	28 Ft. Myers FL (City & State)
4 33901 Zip; 25 Country	29 33901 Zip; 30 Country

3. Date Incorporated or Qualified: 04/12/1989

4. FEI Number: 65-0118122 — ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 400003101024--8

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] 1/14/00
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	PP ☒ DELETE	1.1 TITLE	P/D ☐ Change ☒ Addition
NAME	HIMSCHOOT, ROBERT	1.2 NAME	Grissinger, Robert
STREET ADDRESS	2210 BAY STREET	1.3 STREET ADDRESS	2824 Palm Beach Blvd.
CITY-ST-ZIP	FT MYERS FL 33901	1.4 CITY-ST-ZIP	Ft. Myers, FL 33916
TITLE	P ☒ DELETE	2.1 TITLE	V/D ☐ Change ☒ Addition
NAME	MARTIN, ROSS	2.2 NAME	Griffin, Gary
STREET ADDRESS	12610 NEW BRITTANY BLVD.	2.3 STREET ADDRESS	2701 Prince Street
CITY-ST-ZIP	FORT MYERS FL 33907	2.4 CITY-ST-ZIP	Ft. Myers, FL 33916
TITLE	P/D ☒ DELETE	3.1 TITLE	S/D ☐ Change ☒ Addition
NAME	KAYE, BOB	3.2 NAME	Shera, Julie
STREET ADDRESS	2133 BROADWAY	3.3 STREET ADDRESS	7540 College Pkwy
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	Ft. Myers, FL 33907
TITLE	VP ☒ DELETE	4.1 TITLE	T/D ☐ Change ☒ Addition
NAME	VALENTI, WILLIAM	4.2 NAME	Gaylor, Phil
STREET ADDRESS	2210 BAY STREET	4.3 STREET ADDRESS	2120 West First Street
CITY-ST-ZIP	FT MYERS FL 33901	4.4 CITY-ST-ZIP	Ft. Myers, FL 33901
TITLE	T ☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	METHENY, MARVIN	5.2 NAME	Barnes, Robert
STREET ADDRESS	2138 MCGREGOR BLVD	5.3 STREET ADDRESS	15000 Briar Ridge Circle
CITY-ST-ZIP	FT. MYERS FL 33901	5.4 CITY-ST-ZIP	Ft. Myers, FL 33912
TITLE	D ☒ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME	BENNETT, SUSAN	6.2 NAME	Maddox, Diane
STREET ADDRESS	12734 KENWOOD LANE, STE. 85	6.3 STREET ADDRESS	3066 Palm Ave.
CITY-ST-ZIP	FT. MYERS FL 33907	6.4 CITY-ST-ZIP	Ft. Myers, FL 33916

SP

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/14/2000 338-4345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 553958 7202499

AUTHORIZATION :

COST LIMIT : $ 306.25

/ Patricia Pizzitt

ORDER DATE : January 17, 2000

ORDER TIME : 10:53 AM

ORDER NO. : 553958-005

CUSTOMER NO: 7202499

CUSTOMER: Ms. Marta Hodson
Edison Festival Of Light, Inc.
2254 Edwards Drive

Fort Myers, FL 33901

DOMESTIC FILINGS

NAME: EDISON FESTIVAL OF LIGHT, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

RECEIVED
00 JAN 18 AM 8:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA