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 # **P95000065533 (8)**

1. Corporation Name

DISPLAY TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
603 LIMETREE DRIVE **OLDSMAR FL 34677**	**603 LIMETREE DRIVE** **OLDSMAR FL 34677**

3. Date Incorporated or Qualified: **08/23/1995**

3a. Date of Last Report: **NA**

2. Principal Place of Business	2a. Mailing Address
21 2070 WEAVER PK. DR.	26 2070 WEAVER PK DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CLEARWATER FL	28 City & State: CLEARWATER FL
24 Zip: 34625 25 Country: USA	29 Zip: 34625 30 Country: USA

4. FEI Number: 59-3333501 ☐ 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

SELZER, ARTHUR J JR.
603 LIMETREE DRIVE
OLDSMAR FL 34677

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: [signature] (Signature, typed or printed name of individual with authority to sign on behalf of corporation) [signature] (Registered Agent Signature required for reinstatement filing) DATE: 4/29/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / SEC.	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	JAMES W. LAWLER		1 2 NAME	
STREET ADDRESS	745 BRUCE AVE		1 3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL. 34630		1 4 CITY-ST-ZIP	
TITLE	V.P. / TRES.	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	ARTHUR J. SELZER JR.		2 2 NAME	
STREET ADDRESS	603 LIMETREE DR.		2 3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL. 34677		2 4 CITY-ST-ZIP	
TITLE	PRESIDENT / SEC.	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	JAMES W. LAWLER		3 2 NAME	
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TITLE	VP / TRES	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME	ARTHUR J. SELZER JR.		4 2 NAME	
STREET ADDRESS	603 LIMETREE DR.		4 3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL. 34677		4 4 CITY-ST-ZIP	
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	

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5/1 JZ

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] James Lawler Pres. 1/27/96 813-449-0401

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

CR2E034 (12/95)