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 # **P95000069025 (1)**

1. Corporation Name

ORLANDO DISPLAY COMPANY

Principal Place of Business	Mailing Address
153 DRENNEN RD ORLANDO FL 32806	153 DRENNEN RD ORLANDO FL 32806

3. Date Incorporated or Qualified: **09/05/1995**

3a. Date of Last Report:

4. FEI Number: 59-3330763 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 49 Drennen Rd	26 49 Drennen Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Orlando FL	28 Orlando FL
24 Zip 32806 25 Country Orange	29 Zip 32806 30 Country Orange

9. Name and Address of Current Registered Agent

BESSIRE, HARLIN E JR
153 DRENNEN RD
ORLANDO FL 32806

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 Section 607.0505 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	BESSIRE, HARLIN E JR		12 NAME		
STREET ADDRESS	153 DRENNEN RD		13 STREET ADDRESS	123 E. South Street	
CITY-ST-ZIP	ORLANDO FL 32806		14 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	☐ DELETE	21 TITLE	VPD	☒ Change ☐ Addition
NAME	BESSIRE, SUZANNE H		22 NAME		
STREET ADDRESS	153 DRENNEN RD		23 STREET ADDRESS	123 E. South Street	
CITY-ST-ZIP	ORLANDO FL 32806		24 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	HEASLEY, LORRAINE G		32 NAME		
STREET ADDRESS	153 DRENNEN RD		33 STREET ADDRESS	3405 Finch Street	
CITY-ST-ZIP	ORLANDO FL 32806		34 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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: Lorraine Heasley 5-10-96 (407) 857-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lorraine Heasley