

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S38864

1. Corporation Name

OPTICAL DISPLAY LIGHTING, INC.

FILED

97 JUN -3 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
7183 - 30th Avenue North  
St. Petersburg, FL 33710

Mailing Address  
7183 - 30th Avenue North  
St. Petersburg, FL 33710

3. Date Incorporated or Qualified  
3/11/91

3a. Date of Last Report  
8/8/96

2. Principal Place of Business  
21 2200 Route 301

2a. Mailing Address  
26 661 Bay Laurel Court, NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit 1

City & State

City & State

23 Palmetto, FL

Zip

Country

24 34221

25 USA

City & State

City & State

26 33703

Country

27 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT R. POWERS, JR.  
7183 - 30th Avenue North  
St. Petersburg, FL 33710

81 Name

Robert A. Forlizzo

82

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

13577 Feather Sound Drive, Suite 300

83

84

City  
Clearwater

FL

85

Zip Code  
34622

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

Robert A. Forlizzo

June 2, 1997

Signature typed or printed name of agent, 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 PD ☐ DELETE

NAME DAVID L. CHURCHILL  
STREET ADDRESS 7183 - 30th Avenue North  
CITY-ST-ZIP St. Petersburg, FL 33710

TITLE VSD ☐ DELETE

NAME ROBERT R. POWERS, JR.  
STREET ADDRESS 7183 - 30th Avenue North  
CITY-ST-ZIP St. Petersburg, FL 33710

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE VD ☒ Change ☐ Addition

1.2 NAME DAVID L. CHURCHILL  
1.3 STREET ADDRESS 2200 Route 301, Unit 1  
1.4 CITY-ST-ZIP Palmetto, FL 34221

2.1 TITLE PTSD ☒ Change ☐ Addition

2.2 NAME ROBERT R. POWERS, JR.  
2.3 STREET ADDRESS 661 Bay Laurel Court, NE  
2.4 CITY-ST-ZIP St. Petersburg, FL 33703

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 700002200037--9

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert A. Forlizzo*

June 2, 1997

(813) 347-7001

CR2E034 (9/96)



ACCOUNT NO. : 072100000032

REFERENCE : 413466 85036A

AUTHORIZATION :

*Patricia Pizzuto*

COST LIMIT : \$ 173.75

ORDER DATE : June 3, 1997

ORDER TIME : 10:45 AM

ORDER NO. : 413466-005

CUSTOMER NO: 85036A

CUSTOMER: Ms. Jill Mouser  
Jacobs Forlizzo & Neal, P.a.  
Suite 300  
13577 Feather Sound Drive  
Clearwater, FL 34622

\*\*CLIENT STATES THEY WERE  
TOLD THE PENALTY FEE WOULD BE  
WAIVED

DOMESTIC FILINGS

NAME: OPTICAL DISPLAY LIGHTING, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
97 JUN -3 PM 12:22  
DIVISION OF CORPORATION