## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 16, 2004 08:00 AM Secretary of State **DOCUMENT # V53851** DAVID TYSON LIGHTING, INC. Principal Place of Business Mailing Address 4549-7 ST. AUGUSTINE ROAD P.O. BOX 1932 IACKSONVILLE, FL 32207 CALLAHAN, FL 32011 US 02092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3135199 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TYSON, DAVID M DO NOT WRITE 7604 WEXFORD CLUB DR WEST JACKSONVILLE, FL 32256 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TIT! E NAME TYSON, DAVID M. STREET ADDRESS 7604 WEXFORD CLUB DR WEST U00000052105 02/16/04-80078-011 150.00 CITY-ST-ZIP JACKSONVILLE, FL 32256 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLÉ NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP