

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:00

DOCUMENT # **857368** (5)

1. Corporation Name
THEATRICAL LIGHTING SYSTEMS, INC.

Principal Place of Business: **909 MERIDIAN ST., P.O. BOX 2646, HUNTSVILLE AL 35804**
Mailing Address: **909 MERIDIAN ST., P.O. BOX 2646, HUNTSVILLE AL 35804**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/09/1983**
3a. Date of Last Report: **02/21/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **63-0827951**
Applied For: Not Applicable:

22. Suite, Apt. #, etc.: **27**
City & State: **28**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **28**

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

24. Zip: **25** Country: **29**
25. Country: **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MILLY, JOHN J
2631 ISLAND VIEW DR.
PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____
B5 Zip Code: **FL**

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: _____ DATE: _____
(Signature: typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required after filing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLY, DAVID E.
STREET ADDRESS	4502 CHOCTAN CIRCLE
CITY - ST - ZIP	HUNTSVILLE AL
TITLE	VD
NAME	MILLY, JANET W.
STREET ADDRESS	4502 CHOCTAN CIRCLE
CITY - ST - ZIP	HUNTSVILLE AL
TITLE	ST
NAME	MILLY, JANET W.
STREET ADDRESS	4502 CHOCTAN CIRCLE
CITY - ST - ZIP	82
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	
3 STREET ADDRESS	
4 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I, the undersigned, certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information is true and correct 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 liquidator of the corporation, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID E. MILLY, PRES.

3/23/95 (205) 533-9025
Date: _____