

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **08/09/1983**
 3a. Date of Last Report: **03/30/1995**
 4. FEI Number: **63-0827951**
 Applied For: 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 (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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 (81-85)
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 or officer or director. DATE: Registered Agent's signature required when changing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MILLY, DAVID E.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLY, DAVID E.	1.2 NAME	
STREET ADDRESS	4502 CHOCTAN CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	1.4 CITY-ST-ZIP	
TITLE	VD MILLY, JANET W.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLY, JANET W.	2.2 NAME	
STREET ADDRESS	4502 CHOCTAN CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	2.4 CITY-ST-ZIP	
TITLE	ST MILLY, JANET W.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLY, JANET W.	3.2 NAME	
STREET ADDRESS	4502 CHOCTAN CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	82	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 as an attachment with an address.

SIGNATURE: *David E. Milly* **DAVID E. MILLY** *Pres.* **4/9/96** **205-533-7025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (12/95)