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

APPROVED AND FILED

95 APR 27 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L67307** **(3)**

1. Corporation Name

DESIGNER OF ST. LUCIE AND MARTIN COUNTIES, INC.

Principal Place of Business	Mailing Address
10570 S FEDERAL HWY S300 PORT ST. LUCIE FL 34952	10570 S FEDERAL HWY S300 PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1990
3a. Date of Last Report: 08/25/1994

2. Principal Place of Business
21 1611 S.W. Biltmore Street
22 Suite, Apt. #, etc.
23 City & State: Port St. Lucie, Florida
24 Zip: 34983
25 Country: St. Lucie

2a. Mailing Address
26 c/o George L. Williams, III 606 Boston Avenue
27 Suite, Apt. #, etc.
28 City & State: Fort Pierce, Florida
29 Zip: 34950
30 Country: St. Lucie

4. FEI Number: 65-0199309 ☐ 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

9. Name and Address of Current Registered Agent

GOLDMAN, BRUNING & ANGELOS, ESQUIRE
10570 SOUTH FEDERAL HIGHWAY
SUITE 300
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name: George L. Williams, III
82 Street Address (P.O. Box Number is Not Acceptable): 606 Boston Avenue
83
84 City: Fort Pierce **FL** 85 Zip Code: 34950

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: George L. Williams, III — DATE: 4-24-95
Signature and typed or printed name of registered agent and date signed
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	NARDONE, JOHN	12 NAME	
STREET ADDRESS	420 STREAMLET AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	NARDONE, JOHN	22 NAME	
STREET ADDRESS	420 STREAMLET AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: John Nardone — John Nardone — 4/21/95 — (407)878-8758
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
President

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