

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000045379 (2)

1. Corporation Name

DESIGNER'S CORNER, INC.



Principal Place of Business

Mailing Address

**911 CESERY BLVD
JACKSONVILLE FL 32211**

**911 CESERY BLVD
JACKSONVILLE FL 32211**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Quitted
06/13/1994

3a. Date of Last Report
07/11/1995

4. FEI Number
59-3259261

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

10. Name and Address of New Registered Agent

**COLBORN, LYNN I
3228 REMINGTON ST
JACKSONVILLE FL 32205**

81 Name **COLBORN, LYNN IVY**

82 Street Address (P.O. Box Number is Not Acceptable)
1287 AVONDALE AVE.

83

84 City **JACKSONVILLE**

FL

85 Zip Code
32205

11. Pursuant to the provisions of Sections 607.0502 and 607.1105, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or registered agent or both in the state of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Lynn Ivy Colborn

6/6/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	COLBORN, LYNN IVY	
STREET ADDRESS	3228 REMINGTON ST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	P	☐ DELETE
NAME	COLBORN, LYNN IVY	
STREET ADDRESS	1287 AVONDALE AVE	
CITY - ST - ZIP	JACKSONVILLE, FL 32205	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	☐ Change ☐ Addition
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	☐ Change ☐ Addition
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	☐ Change ☐ Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
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 119.02(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lynn Ivy Colborn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96

904-745-0509

CR2E034 (3/96)