

FILE NOW: FILING FEE AFTER MAY 13 IS \$350.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90044 039 ***150.00

DOCUMENT # **P96000069496**
1. Corporation Name
First National Design Inc.

Principal Place of Business Mailing Address
740 EL Dorado Pkwy W
Cape Coral, FL 33914

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
11 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/19/1996	
12 City & State		27 City & State		4. FEI Number	
13 Zip		28 Zip		65-0728769	
Country		Country		Applied For	
25		30		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 owes the current year Intangible Personal Property Tax.				☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Christine A. Johns
740 EL Dorado Pkwy.
Cape Coral, FL 33914

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

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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	2UECK-TARACH GERTRUD	1.2 NAME	
STREET ADDRESS	2006 SE 21st STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33990	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TARACH JUERGEN	2.2 NAME	
STREET ADDRESS	2006 SE 21st STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	2UECK CHRISTIAN	3.2 NAME	
STREET ADDRESS	2006 SE 21st STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/12/99 **7149-6408-92203**