

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 JAN 31 PM 2:25

DOCUMENT # 300562 (6)

1. Corporation Name

LIVING DESIGNS, INC.

Principal Place of Business

412 6TH STREET
SUITE 1
HOLLY HILL FL 32117
US

Mailing Address

412 6TH STREET
SUITE 1
HOLLY HILL FL 32117
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/07/1966

3a. Date of Last Report

07/06/1994

4. FEI Number

56-0856196

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

30

9. Name and Address of Current Registered Agent

RICE, PAUL E., JR
20 N HALIFAX
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Osaid S. Rae
Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

Jan 24, 1995

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	RICE, PAMELA DIANE
STREET ADDRESS	1690 DUNN AVE #811
CITY-ST-ZIP	DAYTONA BEACH, FL 00000
TITLE	S
NAME	RICE, CECILE
STREET ADDRESS	1216 FLAGSTONE DRIVE
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	PDT
NAME	RICE, CECILE
STREET ADDRESS	1216 FLAGSTONE DR
CITY-ST-ZIP	DAYTONA BEACH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Osaid S. Rae CECILE L. RICE, PRES. 1/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-253-0052

000333 CP