

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 656368 (8)

1. Corporation Name

DESIGN GROUP ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~332 N. MAGNOLIA AVENUE
ORLANDO FL 32801~~

~~332 N. MAGNOLIA AVENUE
ORLANDO FL 32801~~

3. Date Incorporated or Qualified

02/19/1980

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 102 OAKS COURT

26 102 OAKS COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1969275

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

22 City & State

23 SANFORD, FL.

24 Zip

25 32771

Country

26 USA

27 City & State

28 SANFORD, FL.

29 Zip

30 32771

Country

31 USA

9. Name and Address of Current Registered Agent

SKYLES, DAVID L
102 OAKS COURT
SANFORD, FL 32771

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

Signature, typed or printed name of registered agent and their agent

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
SKYLES, DAVID L
102 OAKS COURT
SANFORD FL 32771

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
THOMPSON, NEIL
1320 OVERLAKE DR.
ORLANDO FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
SEC.
KATHY SKYLES
102 OAKS COURT
SANFORD, FL. 32771

☐ Change ☒ Addition

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
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
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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; 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 added in this filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID SKYLES
PRESIDENT

4/29/96

407.330.4560

Expiring 12/95

CR2E034 (12/95)