

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90021 038 \*\*\*150.00

DOCUMENT # F06897

1. Corporation Name

DOMINION HOME SYSTEMS-DIRECT, INC.

Principal Place of Business

3050 N. HORSESHOE DR.  
SUITE 290  
NAPLES FL 34104  
US

Mailing Address

3050 N. HORSESHOE DR.  
SUITE 290  
NAPLES FL 34104  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1980

4. FEI Number

65-0173717

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT W  
3050 N. HORSESHOE DR., SUITE 290  
NAPLES FL 34104

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE  
NAME JOHNSON, ROBERT W  
STREET ADDRESS 233 9TH AVE S  
CITY-ST-ZIP NAPLES, FL 00000

TITLE S ☒ DELETE  
NAME ~~SWANSON, RANDY~~  
STREET ADDRESS ~~5365 FAIRFIELD~~  
CITY-ST-ZIP ~~FT. MYERS FL 33910~~

TITLE ☐ DELETE  
NAME RUNDLE, ALLEN  
STREET ADDRESS 6060 PELICAN BAY BLVD #B-201  
CITY-ST-ZIP NAPLES FL 34103

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

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 SECRETARY ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE Director, Treasurer ☒ Change ☐ Addition  
4.2 NAME Robert W. Johnson, Jr.  
4.3 STREET ADDRESS 11764 Quail Village Way  
4.4 CITY-ST-ZIP Naples, FL 33999

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 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: *Robert W. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Johnson, CEO

3-12-99 (941) 403-9130

Date

Daytime Phone #

CR2E034 (11/98)