

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90256 033 ***155.00

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DOCUMENT # F94970

1. Corporation Name

AMERICAN HOME DESIGN, INC.



Principal Place of Business

19029 N US HIGHWAY 19
BLDG 9 APT 310
CLEARWATER FL 33764
US

Mailing Address

19029 N US HIGHWAY 19
BLDG 9 APT 310
CLEARWATER FL 33764
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1982

4. FEI Number

59-2257123

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 6020 Shore Blvd. S.

Suite, Apt. #, etc.

22 606

City & State

23 Gulfport FL

Zip

24 33707

Country

25 U.S.

2a. Mailing Address

26 6020 Shore Blvd. S.

Suite, Apt. #, etc.

27 606

City & State

28 Gulfport FL

Zip

29 33707

Country

30 U.S.

9. Name and Address of Current Registered Agent

LANGMANN, JANET A
19029 US HWY 19 N
BLDG 9 #310
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name

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

6020 Shore Blvd S. # 606

83

84 City Gulfport

FL

85 Zip Code 33707

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 Janet A. Langmann

Signature, typed or printed name of registered agent and title if applicable.

Janet A. Langmann

(NOTE: Registered Agent signature required when reinstating)

4/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LANGMANN, JANET
STREET ADDRESS 19029 N US HIGHWAY 19 BLDG 9 APT 310
CITY-ST-ZIP CLEARWATER FL

TITLE PS ☐ DELETE

NAME LANGMANN, JANET A
STREET ADDRESS 19029 N US HIGHWAY 19 BLDG 9 APT 310
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 6020 Shore Blvd S. # 606
1.4 CITY-ST-ZIP Gulfport FL. 33707

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 6020 Shore Blvd S. # 606
2.4 CITY-ST-ZIP Gulfport FL. 33707

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 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:

Janet A. Langmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

Daytime Phone #

CR2E034 (11/98)