

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 19 1997 8:00am  
Secretary of State

DOCUMENT # F95000003881 (8)

1. Corporation Name  
E.B. DESIGNWORKS & CO., INC.



Principal Place of Business

P.O. BOX 2175  
NAPLES FL 33939

Mailing Address

P.O. BOX 2175 — 5/6 2165  
NAPLES FL 34106-2175

2. Principal Place of Business

21 341 3<sup>rd</sup> Ave. S.

Suite, Apt. #, etc.

22

City & State  
Naples, FL

23 Zip  
34102

24 Country  
USA

2a. Mailing Address

26 P.O. BOX 2165

Suite, Apt. #, etc.

27

City & State  
Naples, FL

28 Zip  
34106

29 Country  
USA

3. Date Incorporated or Qualified

08/11/1995

3a. Date of Last Report

02/16/1996

4. FEI Number

91-0403940

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

9. Name and Address of Current Registered Agent

STRICKLAND, DAVID  
740 E. LAKE DR.  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Ellen Strickland

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

341 3<sup>rd</sup> Ave. S.

83

84 City NAPLES

FL

85 Zip Code

34102

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 Ellen Strickland

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

Ellen Strickland

(NOTE: Registered Agent signature required when reinstating)

5/12/97

DATE

12. OFFICERS AND DIRECTORS

TITLE CP  
NAME STRICKLAND, DAVID  
STREET ADDRESS 740 E. LAKE DR.  
CITY-ST-ZIP NAPLES FL 33940

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CP  
1.2 NAME Ellen Strickland  
1.3 STREET ADDRESS 341 3<sup>rd</sup> Ave. S.  
1.4 CITY-ST-ZIP Naples, FL 34102

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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.

CR2E034 (9/96)