

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90083 044 ***150.00

DOCUMENT # F96000000624

1. Corporation Name

INNOVATIVE DESIGN IDEAS, INC.

Principal Place of Business

1628 MABRY STREET
HYMAN MYERS INDUSTRIAL PARK
TALLAHASSEE FL 32304
US

Mailing Address

P.O. BOX 38459
TALLAHASSEE FL 32315-8459
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1996

4. FEI Number

59-3224021

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

21 1628 MABRY ST

2a. Mailing Address

26 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TALLAHASSEE, FL

City & State

28

Zip

24 32304

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

LEVISON, LISA T
1628 MABRY STREET
HYMAN MYERS INDUSTRIAL PARK
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

LEVISON, LISA T.

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

1628 MABRY STREET

83

84 City

TALLAHASSEE FL

85 Zip Code

32304

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 LEVISON, LISA TURNER
STREET ADDRESS 1794 8TH STREET
CITY-ST-ZIP CHAMBLEE GA 30341

TITLE VCFO ☐ DELETE
NAME JERVEY, PATRICIA M
STREET ADDRESS 1628 MABRY STREET
CITY-ST-ZIP TALLAHASSEE FL 32304

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)