

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90119 036 ***150.00

0522776

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F97000004468**

1. Corporation Name
DESIGN PROFESSIONALS, INC.



Principal Place of Business
**605 CONGRESS ST
 MOBILE AL 36603**

Mailing Address
**116 MIAMI DR
 DOTHAN AL 36301**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 [] 2a. Mailing Address
 22 [] Suite, Apt. #, etc. 27 [] Suite, Apt. #, etc.
 23 [] City & State 28 [] City & State
 24 [] Zip 25 [] Country 29 [] Zip 30 [] Country

3. Date Incorporated or Qualified
08/25/1997

4. FEI Number
63-0987122

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

9. Name and Address of Current Registered Agent
**COLEMAN, JANICE S
 4115 ELMCREST DR
 PENSACOLA FL 32504**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDLEY, BURRELL A	1.2 NAME	
STREET ADDRESS	116 MIAMI DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL 36301	1.4 CITY-ST-ZIP	
TITLE	VVC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDLEY, ERICA-SOMMER	2.2 NAME	
STREET ADDRESS	3403 SW LEJUEUNE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33143	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORWOOD, BRENDA O	3.2 NAME	
STREET ADDRESS	256 N. DEARBORN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36603	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, FREDERICK D	4.2 NAME	
STREET ADDRESS	1409 N. CHEROKEE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL 36302	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Janice S. Coleman* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)