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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

RECIDENTIAL DECIGN & DRAFTING INC

FILED May 18 1998 8:00am Secretary of State

| Principal Place | | Mailing Address 128 E MAGNOLIA AVE | | ······································ | | |
|--|---|--|-------------------------------|--|---|-----------------------------------|
| WEWAHITCHKA FL 32465 WEWAHITCHKA FL 32465 | | | | | DO NOT WRITE IN THE | 0.00405 |
| US | | US | | | DO NOT WRITE IN THI 3. Date Incorporated or Qualified | 5 SPACE |
| | | | | | 03/18/1983 | ! |
| 2. Principal Place of Business 2a. Ma | | 2a. Mailing Address | Mailing Address | | 4. FEI Number | Applied For |
| 1 | | 26 | | 59-2283729 | Not Applicable | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | h | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | Cily & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 3 | | 28 | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Cour | atry | 8. This corporation owes or has paid the current year Intangible | |
| 4 | 25 9. Name and Address of Currer | 29 | 30 | | Personal Property Tax due June 30. 10. Name and Address of New Registere | [[/] Yes ☐ No |
| | | u uchistalan whalit | | 81 Name | In' saling and workess of land Madistele | n vaeili |
| MILLIRONS, KAY SMITH 128 E MAGNOLIA AVE WEWAHITCHKA FL 32465 | | | | | | |
| | | | } | 82 Street Addi | ress (P.O. Box Number is Not Acceptable) | ļ |
| 115 | WAIRIOUNG IL SEROS | | ļ. | 83 | | |
| | | | | | | |
| | | | ľ | B4 City | F | 85 Zip Code |
| office or re agent. I ar SIGNATURE | egistered agent, or both, in the State in familiar with, and accept the oblig signature typed a posiest near of regarded ag | of Florida, Such change wa ations of, Section 607,0505, | s authorized Florida Statu | by the corporations. Agent signature requir | poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating) DATE | ppointment as registered |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE | P | ☐ DELETE | 1111(1 | LE | | ☐ Change ☐ Addition |
| NAME | MILLIRONS, KAY SMITH | | 1.2 NA | ME | | |
| STREET ADDRESS | 128 E MAGNOLIA AVE | | 1.3 STF | REET ADDRESS | | |
| CITY-ST-ZIP | WEWAHITCHKA FL | DELETE | | Y-ST-ZIP | | Character Edds |
| TITLE | [] DELETE | | 2.1 141 | ſ | | Change Addition |
| NAME | | | 2.2 NA1 | | | |
| STREET ADDRESS | | | | EE1 ADDRESS | | Ì |
| CITY-ST-ZIP | | DELETE | 2. 4 GH | Y - ST - ZIP | | Change Addition |
| NAME | i i | | 3.1 HH | | | C Asidillo C Statitoti |
| STREET ADDRESS | ORESS | | | EET ADDRESS | | } |
| CITY-ST-ZIP | | | L. | Y-ST-ZIP | | |
| TITLE | | DELETE | 4.1 7(1) | | | Change Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STR | eet address | | (|
| CITY - ST - ZIP | | | 4.4 CM | Y-ST-ZIP | | |
| TITLE | DELETE | | 5,1 (1) | E | | Change Addition |
| NAME | | | 5.2 NA | VIE | | |
| STREET ADDRESS | | | | EET ADDRESS | | |
| CITY-ST-ZIP | | Libriere | | Y-ST-ZiP | | Channe Ladge |
| TITLE | | ☐ DELETE | 6.1 7171 | | | Change Addition |
| NAME ADDRESS | | | 6.2 NAM | | | ľ |
| STREET ADDRESS | | | | EET ADDRESS | | ļ |
| CITY-ST-ZIP | | | 6.4 CiT | r-SI-ZIP | 0 1 10 07(0)() 51 1 0 1 1 | |

Thereby 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 eath; that I am an officer or director of the corporation of the recover 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 attribute an address.

[GNATURE: FOR A SECTION OF THE INTERIOR O