

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G51579**

(2)

1. Corporation Name

ASSOCIATED STORE DESIGN, INC.

Principal Place of Business

**12597 WALSINGHAM ROAD
LARGO FL 34644**

Mailing Address

**12597 WALSINGHAM ROAD
LARGO FL 34644**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/27/1983

3a. Date of Last Report

04/11/1994

2. Principal Place of Business

21 12978 89th Avenue N.

2a. Mailing Address

26 12978 89th Avenue N.

4. FEI Number

59-2313107

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 Seminole, FL

City & State

28 Seminole, FL

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

24 Zip

Country

25 Pinellas

29 Zip

Country

30 Pinellas

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LEHRMAN, DONALD G
12597 WALSINGHAM ROAD
LARGO FL 34644**

10. Name and Address of New Registered Agent

81 Name

Lehrman, Donald G.

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

12978 89th Avenue N.

83

84 City

Seminole

FL

85 Zip Code

34646

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 fee if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LEHRMAN, DONALD G
STREET ADDRESS	12978 89TH AVE N.
CITY - ST - ZIP	SEMINOLE, FL 00000
TITLE	VS
NAME	LEHRMAN, LINDA J
STREET ADDRESS	12978 89TH AVE N
CITY - ST - ZIP	SEMINOLE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 no address.

SIGNATURE:

Donald G. Lehrman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald G. Lehrman

April 18, 1995
Date
April 18, 1994

813-596-3976

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