# 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 MAY -1 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

DOCUMENT # **H22898** **(1)**

1. Corporation Name
**DESIGN HOLDING COMPANY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7910 PROFESSIONAL PLACE<br>TAMPA FL 33637 | 7910 PROFESSIONAL PLACE<br>TAMPA FL 33637 |

3. Date Incorporated or Qualified: 10/01/1984
3a. Date of Last Report: 10/21/1994

2. Principal Place of Business
21 11622 Grovewood Ave.
Suite, Apt. #, etc.
22 Thonotosassa, Fl.
City & State
23 33592
Zip 24
Country 25 USA

2a. Mailing Address
26 P.O. Box 340
Suite, Apt. #, etc.
27 Thonotosassa, Fl.
City & State
28 33592
Zip 29
Country 30 USA

4. FEI Number: 59-2448770 ☐ 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

HINES, JAMES P.
315 HYDE PARK AVE
TAMPA FL 33606

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 | PD | 11 TITLE | PD ☐ Change ☒ Addition |
| NAME | SECKMAN, THOMAS H. | 12 NAME | SECKMAN, THOMAS H. |
| STREET ADDRESS | 7910 PROFESSIONAL PLACE | 13 STREET ADDRESS | P.O. Box 340 (11622 Grove wood Ave.) |
| CITY-ST-ZIP | TAMPA FL | 14 CITY-ST-ZIP | Thonotosassa, Fl. 33592 |
| TITLE | ST | 21 TITLE | ST ☐ Change ☒ Addition |
| NAME | SECKMAN, MARTHA J. | 22 NAME | SECKMAN, MARTHA J. |
| STREET ADDRESS | 7910 PROFESSIONAL PLACE | 23 STREET ADDRESS | P.O. Box 340 (11622 Grovewood Ave.) |
| CITY-ST-ZIP | TAMPA FL | 24 CITY-ST-ZIP | Thonotosassa, Fl. 33592 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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)(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.

**SIGNATURE:** Martha J. Seckman Martha J. Seckman 4-20-95 813-988-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D9501B2 CP