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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:01

DOCUMENT # H99796 (5)

1. Corporation Name
K.D. CUSTOM INTERIOR DESIGN, INC.

Principal Place of Business	Mailing Address
% KATHLEEN DRAFFKORN 7691 GEORGIAN BAY CIRCLE. STE. 210 FORT MYERS FL 33912	% KATHLEEN DRAFFKORN 7691 GEORGIAN BAY CIRCLE. STE. 210 FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 KATHLEEN MOORE	26 KATHLEEN MOORE
Suite, Apt. #, etc. 22 7691 GEORGIAN BAY CIRCLE STE210	Suite, Apt. #, etc. 27 7691 GEORGIAN BAY CIRCLE STE210
City & State 23 FORT MYERS FL	City & State 28 FORT MYERS FL
Zip / Country 24 33912 / 25 LEE	Zip / Country 29 33912 / 30 LEE

4. FEI Number: 59-2649921 ☐ 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	10. Name and Address of New Registered Agent
DRAFFKORN, KATHLEEN 7691 GEORGIAN BAY CIRCLE, STE. #210 FORT MYERS FL 33912	81 Name: MOORE, KATHLEEN 82 Street Address (P.O. Box Number is Not Acceptable): 7691 GEORGIAN BAY CIRCLE STE210 83 84 City: FT MYERS FL 85 Zip Code: 33910

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: Kathleen Moore KATHLEEN MOORE 04/29/95
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	DRAFFKORN, KATHLEEN	12 NAME	MOORE, KATHLEEN	
STREET ADDRESS	8372 BEACON BLVD.,#100	13 STREET ADDRESS	7691 GEORGIAN BAY CIRCLE, STE. 210	
CITY ST ZIP	FT MYERS FL	14 CITY ST ZIP	FORT MYERS FL 33912	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
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	REMITTED BY MAY 1	
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)(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 an address.

SIGNATURE: Kathleen Moore KATHLEEN MOORE 04/29/95 (813)768-3384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0322337 CP