

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

FILED
Jun 02 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **J84240** (7)
1. Corporation Name
DESIGNER PROCESSES, INC.



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| Principal Place of Business 12450 44TH ST N CLEARWATER FL 34622 US | Mailing Address 12450 44TH ST N CLEARWATER FL 34622 US |
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DO NOT WRITE IN THIS SPACE

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|--|--|---|--|--|--|
| 2. Principal Place of Business 21 13209 Byrd Drive Suite, Apt. #, etc 22 City & State 23 Odessa, FL Zip 24 33556 Country 25 | | 2a. Mailing Address 26 Same Suite, Apt. #, etc 27 City & State 28 Zip 29 Country 30 | | 3. Date Incorporated or Qualified 07/24/1987 | |
| | | 4. FEI Number 59-2849532 | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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| 9. Name and Address of Current Registered Agent SHIRLEY, WILLIAM BRADY 12450 44TH ST N CLEARWATER FL 34622 | | 10. Name and Address of New Registered Agent 81 Name Shirley, William B. 82 Street Address (P.O. Box Number is Not Acceptable) 13209 Byrd Drive 83 84 City Odessa FL 85 Zip Code 33556 | |
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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 **William B. Shirley** *W. B. Shirley* DATE **4/30/98**
Signature typed or printed in plain ink of registered agent and filed if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHIRLEY, WILLIAM BRADY 12450 44TH ST N CLEARWATER FL 34622 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | Chief Executive Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Shirley 13209 Byrd Drive Odessa, FL 33556 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SHIRLEY, BRADY M 12450 44TH STREET N. CLEARWATER FL 34622 <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jody Jones 13209 Byrd Drive Odessa, FL 33556 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SHIRLEY, WILLIAM B 12450 44TH ST N CLEARWATER FL <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | Secretary & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jody Jones 13209 Byrd Dr. Odessa, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE *William B. Shirley* **WILLIAM B. SHIRLEY**

CR2E034 (10/97)