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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J86841

M. FIELDING DESIGN, INC.

# **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90004 046 \*\*\*150.00



Principal Place of Business Mailing Address				T INDICATE DIEU FRUG BAIRT INCH NINN SINN BINCH OFFICE NEW	ı mimic didil dibis sedi	
147 SEA MARSH ROAD AMELIA ISLAND PLANTATION AMELIA ISLAND FL 32034		147 SEA MARSH ROAD AMELIA ISLAND PLANTATION AMELIA ISLAND FL 32034			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed	
					07/28/1987	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26				_	59-2848850	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5, Certificate of Status Desired	.75 Additional ee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip	Country	Zip	· —		8. This corporation owes the current year Intangible	
24	25	29 30	<u> </u>		Personal Property Tax.	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent  81 Name		
POOLE, WESLEY R.			"	Name		
	CENTRE STREET		82 Street Add		ddress (P.O. Box Number is Not Acceptable)	1
	E 200 IANDINA BEACH FL 32034		83	-		
FERI	IANDINA DEACH FL 32034		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered				nt signature rec	ulired when reinstalling) DATE	SECTORO IN 42
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIF	hange Addition
TITLE	DP	☐ OELETE	1.1 TITLE			nongo 🔲 noonon [
NAME HEAD, MARGARET R.			1.2 NAME	T. 4000000		į
STREET ADDRESS	147 SEA MARSH ROAD			TADDRESS		1
CITY-ST-ZIP	FERNANDINA BEACH FL	DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP	ПС	hange Addition
TITLE	DS CAPPED MICHAEL IOHN		2.2 NAME			
NAME STREET ADDRESS	GARBER, MICHAEL JOHN 147 SEA MARSH ROAD			TADORESS		ĺ
	FERNANDINA BEACH FL		2.4 CITY-	- 1	~*	
CITY-ST-ZIP	C DELETE		3.1 TITLE	31-21		hange 🗀 Addition
NAME			32 NAME		, , <u>, ,                              </u>	İ
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		☐ DELETE	41 TITLE			hange Addition
NAME			4 2 NAME			ľ
STREET ADDRESS			4.3 STREE	TADDRESS		ļ
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE			5.1 TITLE			hange Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	TADDRESS		<b>*</b> , ·
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	61 TITLE	Ţ		hange
NAME			6.2 NAME	ļ		Į
STREET ADDRESS			6.3 STREE	TADORESS	•	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		

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 suppliemental 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 the receiver of the corporation of the receiver of the r