

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L07226 (8)

1. Corporation Name

HOME DESIGN, DRAFTING AND DECORATING SERVICES, I  
NC.



Principal Place of Business

% RICHARD E. BASOM  
4211 SE 19TH PL. APT. 1-C  
CAPE CORAL FL 33904

Mailing Address

% RICHARD E. BASOM  
4211 SE 19TH PL. APT. 1-C  
CAPE CORAL FL 33904

3. Date Incorporated or Qualified  
08/04/1989

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

21 4141 S.W. 5th PL

2a. Mailing Address

26 4141 S.W. 5th PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Cape Coral

27 Cape Coral

City & State

City & State

23 Florida

28 Florida

Zip

Country

24 33914

25 USA

Zip

Country

29 33914

30 USA

4. FEI Number

65-0163736

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

BASOM, RICHARD E.  
4211 SE 19TH PL. APT. 1-C  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name Richard E. Basom  
82 Street Address (P.O. Box Number is Not Acceptable)  
4141 S.W. 5th PL  
83 Cape Coral  
84 City Florida  
85 Zip Code 33914

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 RICHARD E. BASOM

Richard E. Basom

4/8/96

Signature typed or printed name of registered agent and date of signature

(NOTE: Registered Agent's signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	BASOM, RICHARD E.	4211 SE 19TH PL. APT. 1-C	CAPE CORAL FL 33904	<input type="checkbox"/>
D	BASOM, LOIS A.	4211 SE 19TH PL. APT. 1-C	CAPE CORAL FL 33904	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Lois A. Basom

Lois A. BASOM

4/8/96 (941) 540-4295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE Day, Month, Year

CP2E034 (12/95)