

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L11188 (4)

1. Corporation Name

DOBBS DESIGN, INC.



Principal Place of Business

Mailing Address

~~11900 BRESTHARDWAY
NORCROSS, GA 30092~~

1288 RUSTIC RIDGE DR.
ATLANTA, GA 30319

~~11900 BRESTHARDWAY
NORCROSS, GA 30092~~

1288 RUSTIC RIDGE DR.
ATLANTA, GA 30319

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/22/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0139945

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

DOBBS, SCOTT E.

~~2410 WALNUT GRAVE WAY
BOCA RATON FL 33432~~

10. Name and Address of New Registered Agent

81 Name

SCOTT E. DOBBS

82 Street Address (P.O. Box Number is Not Acceptable)

83

100 HAMPTON ROAD NORTH

84

CLEARWATER

FL

85

34619

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

Signature typed or printed name of registered agent or applicant

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
DOBBS, SCOTT E.
STREET ADDRESS
7767 CLOVEFIELD CIR.
CITY-STATE-ZIP
BOCA RATON FL 33433

TITLE ☒ DELETE

NAME
~~DOBBS, ROBERT A.~~
STREET ADDRESS
~~1100 BRESTHARDWAY~~
CITY-STATE-ZIP
~~NORCROSS GA 30092~~

DELETE

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE

SD

1.2 NAME

ROBERT HOLSTON

1.3 STREET ADDRESS

2410 WALNUT GRAVE WAY

1.4 CITY-STATE-ZIP

SUWANEE, GA. 30174

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.E. DOBBS

2/12/96

770.755.3628

Daytime Phone #

CR2E034 (12/95)