## 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** 

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90119 015 \*\*\*150.00

DOCL	<b>JMENT</b>	#	50497
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1. Corporation Name

R A DES	IGNS, INC.											
	a.											
Dringing Blace	of Business (2011) * A 2011 Co.	Mailing Address		<u></u>	<del>-</del>	- <u>                                    </u>	INITERIOR IN TRACTOR IN TAXABLE		HANDANÎN D		OLDUS BAI	EST BEETE LAND
·		3735 COMMERCIAL WAY										
3735 COMMERCIAL WAY SPRING HILL FL 34606 SPRING HILL FL 34606		1										
US US						IN THIS	SPACE					
		•				3. Date Inc	corporated or Qua	alifed				
2. Principal Pl	ace of Business	2a. Mailing Address	-			4. FEI Nur					App	lied For
21	<u>.</u>	26				59-29	<u>94854</u>					Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifca	te of Status Desir	red				dditional
22		27				<u> </u>					e Rec	<u> </u>
City & State	9	City & State				1	Campaign Finan	cing				May Be Fees
23	0	28 Tin	Count	-		<del></del>	und Contribution				aea to	rees
Zip	Country	Zip 3	50 ·	ı y		1	rporation owes the al Property Tax.	e curre	nt year int	angibie ☐ Yes	. [	□No
24	9. Name and Address of Current		SUI.				and Address of N	New Re	gistered			
	5. Name and Address Of Content	· ·	8	11 N	lame			-	<u> </u>			-
VAIL	LANCOURT, RICHARD A.		L			(2.0.0			1-1			
3735	COMMERCIAL WAY		8	32 S	treet Addre	iss (P.O. Box	Number is Not Ac	ссертал	H <del>e</del> )			
SUIT	<b>E</b> F		8	33								
SPRI	NG HILL FL 34606		L							-1127-1		,
1			8	34 0	ity				FL	85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abo	ove-na	amed corpo	ration submits	s this statement fo	or the p	urpose of	changir	ng its r	egistered
	egistered agent or both in the State of	f Florida. Such change was aut	thorized b	ar tha	corporation	n's board of di	irectors I hereby	accept	the appoi	ntment :	as req	istered
office or r	- families with and accept the obligation	one of Section 607 0505 Floric	da Statute	ae liie			11001013. 1 110100)		FF		•	
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statute	es.	<b>00</b> 1 <b>p</b> 0.000		nedicia. Thoroby				J	
SIGNATURE						when reinstating)			DATE			
SIGNATURE	m familiar with, and accept the obligation Signature, typed or printed name of registered agent is OFFICERS AND	and title if applicable. (NOTE: R				when reinstating)	NS/CHANGES T		DATE	ID DIRE	СТОР	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: R	Registered Ag	gent sig		when reinstating)			DATE		СТОР	
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: R	Registered Ag	gent sig		when reinstating)			DATE	ID DIRE	СТОР	RS IN 12
SIGNATURE  12. TITLE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: R	13.	gent sig	nature required	when reinstating)			DATE	ID DIRE	СТОР	RS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND D VAILLANCOURT, RICHARD A.	and title if applicable. (NOTE: R DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	gent sig E E EET ADI	nature required	when reinstating)			DATE	ID DIRE	CTOF	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent at OFFICERS AND D VAILLANCOURT, RICHARD A. 3585 COMMERCIAL WAY SPRING HILL FL	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STRE	gent sig E E EET ADI	nature required	when reinstating)			DATE	ID DIRE	CTOF	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND  OVAILLANCOURT, RICHARD A. 3585 COMMERCIAL WAY SPRING HILL FL  D  VAILLANCOURT, PATRICIA P	and title if applicable. (NOTE: R DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	gent sig	nature required	when reinstating)			DATE	ID DIRE	CTOF	RS IN 12
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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, with all other like empowered.

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING CERESTS.