FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR 24 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L53678** **(3)**

1. Corporation Name
SOLARIUM DESIGNS, INC.

Principal Place of Business	Mailing Address
1625 MCMULLEN BOOTH ROAD CLEARWATER FL 34619	1625 MCMULLEN BOOTH ROAD CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/26/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **11038 Harborside Dr.**
22 Suite, Apt. #, etc.
23 City & State: **Largo, FL**
24 Zip: **34643-4429** 25 Country: **Pinellas**

2a. Mailing Address
26 **11038 Harborside Dr.**
27 Suite, Apt. #, etc.
28 City & State: **Largo, FL**
29 Zip: **34643-4429** 30 Country: **Pinellas**

4. FEI Number: **59-2998024** ☐ 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

HOOD, BYRON T.
4651 1ST STREET., N.E. #304-B
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☐ Change ☐ Addition
NAME	HOOD, BYRON T.	12 NAME	Hood, Byron T.	
STREET ADDRESS	12001 BELCHER RD. H-129	13 STREET ADDRESS	4651 1st Street NE #304B	
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP	St. Pete., FL 33703	
TITLE	DST	21 TITLE		☐ Change ☐ Addition
NAME	HOOD, EMMETT M. III	22 NAME		
STREET ADDRESS	11038 HARBORSIDE DR	23 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP		
TITLE	DVP	31 TITLE	DVP	☐ Change ☐ Addition
NAME	HOOD, EMMETT M. IV	32 NAME	Hood, Emmett M. IV	
STREET ADDRESS	11038 HARBORSIDE DR	33 STREET ADDRESS	2142 Bradford St. #305	
CITY-ST-ZIP	LARGO FL	34 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Emmett M. Hood III **4/18/95** **813/392-1945**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0884780 CP