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

APPROVED AND FILED
95 MAR 22 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L89261 (6)

1. Corporation Name
CLINT DESIGNS, INC.

Principal Place of Business	Mailing Address
400 E SOUTH ST. #204 ORLANDO FL 32801	400 E SOUTH ST. #204 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1990
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business
21 250 International Parkway
Suite, Apt. #, etc.
22 Suite #220
City & State
23 Heathrow, FL
Zip 24: 32746 Country 25: USA

2a. Mailing Address
26 250 International Parkway
Suite, Apt. #, etc.
27 Suite #220
City & State
28 Heathrow, FL
Zip 29: 32746 Country 30: USA

4. FEI Number: 86-0669555 ☐ 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

MCCLINTOCK, JOHN H., JR.
203 VISTA OAK DR.
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3421 Lands End Drive
83
84 City: St. Augustine FL 85 Zip Code: 32095

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	D	1.1 TITLE		☐ Change ☒ Addition
NAME	MCDANIEL, DAVID	1.2 NAME		
STREET ADDRESS	203 VISTA OAK DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP		32779
TITLE	D	2.1 TITLE		☐ Change ☒ Addition
NAME	MCDANIEL, CRISTY	2.2 NAME		
STREET ADDRESS	203 VISTA OAK DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP		32779
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	MC CLINTOCK, JOHN H., JR	3.2 NAME		
STREET ADDRESS	203 VISTA OAK DR	3.3 STREET ADDRESS	3421 Lands End Drive	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	MC CLINTOCK, NANCY	4.2 NAME		
STREET ADDRESS	203 VISTA OAK DR	4.3 STREET ADDRESS	3421 Lands End Drive	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Clint S McDaniel 3-3-95 (407) 333-0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083264 CP