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 # **M79304** **(5)**

1. Corporation Name

A DESIGN PLACE OF ORMOND BEACH, INC.

Principal Place of Business	Mailing Address
605 1/2 S. YONGE STREET ORMOND BEACH FL 32174 US	605 1/2 S. YONGE STREET ORMOND BEACH FL 32174 US

3. Date Incorporated or Qualified: **05/04/1988**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **59-2886231** ☐ 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

CHANFRAU, DIANE E
605 1/2 S. YONGE STREET
ORMOND BCH FL 32174

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, type/or print 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	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	LISICKI, SUSAN M		1.2 NAME	DICK, PATRICIA L.	
STREET ADDRESS	576 N. RIDGEWOOD AVENUE		1.3 STREET ADDRESS	230 Hidden Hills	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	Ormond Beach,FL 32174	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	DICK, PATRICIA L		2.2 NAME	TRUEBLOOD, NANCY C	
STREET ADDRESS	230 HIDDEN HILL		2.3 STREET ADDRESS	1115 Flomich Ave.	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	Holly Hill FL 32117	
TITLE	S	☐ DELETE	3.1 TITLE	S	☐ Change ☐ Addition
NAME	CHANFRAU, DIANE E		3.2 NAME	CHANFRAU, DIANE E.	
STREET ADDRESS	55 RIVER RIDGE TRAIL		3.3 STREET ADDRESS	55 River Ridge Trail	
CITY-ST-ZIP	ORMOND BCH FL		3.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	T	☐ DELETE	4.1 TITLE	T	☐ Change ☐ Addition
NAME	TRUEBLOOD, NANCY C		4.2 NAME	LISICKI, SUSAN M	
STREET ADDRESS	332 BOYLSTON		4.3 STREET ADDRESS	576 N.Ridgewood Ave	
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TRUEBLOOD, NANCY		5.2 NAME		
STREET ADDRESS	332 BOYLSTON		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Patricia L. Dick January 30, 1996 904-673-8018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PATRICIA L. DICK, PRESIDENT