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FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

**605 1/2 S. YONGE STREET  
ORMOND BEACH FL 32174  
US**

Mailing Address

**605 1/2 S. YONGE STREET  
ORMOND BEACH FL 32174-7541  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**05/04/1988**

3a. Date of Last Report

**02/05/1996**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME **LISICKI, SUSAN M**  
STREET ADDRESS **576 N. RIDGEWOOD AVENUE**  
CITY - ST - ZIP **ORMOND BEACH FL**

P ☐ DELETE

NAME **DICK, PATRICIA L**  
STREET ADDRESS **230 HIDDEN HILL**  
CITY - ST - ZIP **ORMOND BEACH FL**

S ☐ DELETE

NAME **CHANFRAU, DIANE E**  
STREET ADDRESS **55 RIVER RIDGE TRAIL**  
CITY - ST - ZIP **ORMOND BCH FL**

VP ☐ DELETE

NAME **TRUEBLOOD, NANCY C**  
STREET ADDRESS **1115 FLOMICH AVE**  
CITY - ST - ZIP **HOLLY HILL FL**

AS ☒ DELETE

NAME **TRUEBLOOD, NANCY**  
STREET ADDRESS **332 BOYLSTON**  
CITY - ST - ZIP **DAYTONA BEACH FL**

☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**S**

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

**T**

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

**VP**

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

**P**

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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.

SIGNATURE: *Nancy C Trueblood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 4, 1997 904-673-8018

Date

Daytime Phone #

CR2E034 (9/96)