

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90006 025 ***150.00

DOCUMENT # M79304

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1988

4. FEI Number

59-2886231

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

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

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

TITLE VP ☒ DELETE
NAME LISICKI, SUSAN M
STREET ADDRESS 576 N. RIDGEWOOD AVENUE
CITY-ST-ZIP ORMOND BEACH FL

TITLE S ☐ DELETE
NAME DICK, PATRICIA L
STREET ADDRESS 230 HIDDEN HILL
CITY-ST-ZIP ORMOND BEACH FL

TITLE P ☐ DELETE
NAME CHANFRAU, DIANE E
STREET ADDRESS 55 RIVER RIDGE TRAIL
CITY-ST-ZIP ORMOND BCH FL

TITLE T ☐ DELETE
NAME TRUEBLOOD, NANCY C
STREET ADDRESS 1115 FLOMICH AVE
CITY-ST-ZIP HOLLY HILL FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME DICK, PATRICIA L.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Treasurer ☒ Change ☐ Addition
3.2 NAME CHANFRAU, DIANE E
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Secretary ☒ Change ☐ Addition
4.2 NAME TRUEBLOOD, NANCY C.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

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

1/13/99

Date

904-673-8018

Daytime Phone #

CR2E034 (11/98)

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