


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

000132

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED

99 JUL 22 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # M79304**  
1. Corporation Name  
**A DESIGN PLACE OF ORMOND BEACH, INC.**

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

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

3. Date Incorporated or Qualified <b>05/04/1988</b>	4. FEI Number <b>59-2886231</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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  
**DICK, PATRICIA L.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**230 Hidden Hills**  
83  
84 City  
**Ormond Beach**  
85 Zip Code  
**FL 32174**

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 *Patricia L. Dick* **Patricia L. Dick, Pres.** 7/1/99  
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
NAME	<del>LISICKI, SUSAN M.</del>
STREET ADDRESS	<del>576 N. RIDGEWOOD AVENUE</del>
CITY-ST-ZIP	<del>ORMOND BEACH FL</del>
TITLE	S
NAME	DICK, PATRICIA L
STREET ADDRESS	230 HIDDEN HILL
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	P
NAME	<del>CHANFRAU, DIANE E</del>
STREET ADDRESS	<del>55 RIVER BIDGE TRAIL</del>
CITY-ST-ZIP	<del>ORMOND BCH FL</del>
TITLE	T
NAME	TRUEBLOOD, NANCY C
STREET ADDRESS	1115 FLOMICH AVE
CITY-ST-ZIP	HOLLY HILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	DICK, PATRICIA L.
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	900002940579--3
3.4 CITY-ST-ZIP	-07/23/99--01094--011
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Secretary/Treasurer
4.3 STREET ADDRESS	TRUEBLOOD, NANCY C.
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* 7/1/99 904-673-8018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SP