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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

AMMENDED REPORT 07/1/99

99 OCT 18 PM 1:08

DOCUMENT # M79304

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1988

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (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 owes the current year intangible Personal Property Tax ☒ 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: DICK, PATRICIA L.

82 Street Address (P.O. Box Number is Not Acceptable): 230 Hidden Hills

83

84 City: Ormond Beach FL 85 Zip Code: 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, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LISICKI, SUSAN M 576 N RIDGEWOOD AVENUE ORMOND BEACH FL	☒ DELETE Please Re-INSTATE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Add Vice Pres. Susan M. Lisicki 576 Ridgewood Ave.N. Ormond Beach, Fl. 32174
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DICK, PATRICIA L 230 HIDDEN HILL ORMOND BEACH FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Add President DICK, PATRICIA L.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHANFRAU, DIANE E 55 RIVER RIDGE TRAIL ORMOND BCH FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Add 200003025722 -10/27/99--01002--001 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TRUEBLOOD, NANCY C 1115 FLOMICH AVE HOLLY HILL FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Add Secretary/Treasurer TRUEBLOOD, NANCY C.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Add 10/21
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Add

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 in an attachment with an address, with the like empowered.

SIGNATURE: Patricia L. Dick (PATRICIA L. DICK) Pres. 10/14/99 904-673-8018
Signature and typed or printed name of officer or director Date Daytime Phone #