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

STREET ADDRESS

SIGNATURE: V

CITY-ST-ZIP

Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P02477 ARCHITECTURAL DESIGN CENTER, INC. Principal Place of Business Mailing Address 8750 ULMERTON RD 8751 ULMERTON RD SUITE 103 SUITE 103 LARGO FL 33771-822 DO NOT WRITE IN THIS SPACE **LARGO FL 34641** US 3. Date Incorporated or Qualified 06/21/1984 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For Not Applicable 21 59-2433899 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 8, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Źφ Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Properly Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MEEDER, ERNEST P. 8751 ULMERTON ROAD EAST, SUITE 103 82 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 33771-3822 вэ Zip Code 84 City 85 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 (NOTE Registered Agent signature required when reinstating) 1000 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change MEEDER, ERNEST P. NAME 1.2 NAME 8673 LONGWOOD DRIVE 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 1.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 2.1 THILE Change Addition NAME MEEDER, HELGARD 2.2 NAME 8673 LONGWOOD DRIVE STREET ADDRESS 2.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELFTE Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

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14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrival report or supplied ental actual report of true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the regoiver or trusted impowered 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 or an indication of the regoiver of trusted impowered 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 or an indication of the regoiver of trusted impowered 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 or an indication of the regoiver of trusted impowered 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 or an indication of the regoiver of trusted impowered 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 or an indication of the regoiver of trusted impowered to execute this report as required by Chapter 607, Florida Statutes.

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