

010787

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harrie**  
Secretary of State  
DIVISION OF CORPORATIONS



FILED

99 JAN -4 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000018269**  
Corporation Name  
**DEALERSHIP DESIGNS, INC.**



**REINSTATEMENT 1999**  
DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**4310 RUSTLING LEAF LN.  
JACKSONVILLE FL 32258  
US**

Mailing Address  
**4310 RUSTLING LEAF LN  
JACKSONVILLE FL 32258  
US**

Principal Place of Business  
**4310 RUSTLING LEAF LN.  
JACKSONVILLE FL 32258  
US**

2a. Mailing Address  
**4310 RUSTLING LEAF LN  
JACKSONVILLE FL 32258  
US**

Suite, Apt. #, etc.  
**26**

City & State  
**27**

Zip  
**25**

Country  
**29**

3. Date Incorporated or Qualified  
**03/09/1993**

4. FEI Number  
**59-3169389**

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.  
☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**BRET CARSON  
4310 RUSTLING LEAF LN.  
JACKSONVILLE FL 32258**

10. Name and Address of New Registered Agent

81 Name  
**BRET CARSON**

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 **BRET CARSON** (Signature)  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE **12/30/99**

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>CARSON, BRET</b>	
STREET ADDRESS <b>4336 WALNUT BEND</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>SUTTON, W E</b>	
STREET ADDRESS <b>205 S HOOVER BLVD. STE 205</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>700003102487-3</b>	
1.3 STREET ADDRESS <b>-01/19/00--01048--004</b>	
1.4 CITY-ST-ZIP <b>****750.00 ****750.00</b>	
2.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b></b>	
2.3 STREET ADDRESS <b></b>	
2.4 CITY-ST-ZIP <b></b>	
3.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b></b>	
3.3 STREET ADDRESS <b></b>	
3.4 CITY-ST-ZIP <b></b>	
4.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b></b>	
4.3 STREET ADDRESS <b></b>	
4.4 CITY-ST-ZIP <b></b>	
5.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b></b>	
5.3 STREET ADDRESS <b></b>	
5.4 CITY-ST-ZIP <b></b>	
6.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b></b>	
6.3 STREET ADDRESS <b></b>	
6.4 CITY-ST-ZIP <b></b>	

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.

SIGNATURE: **BRET CARSON** (Signature)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **1/6/99** DAYTIME PHONE # **11/9/99**

CR2E034 (5/99)