

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000032748 (4)

1. Corporation Name

4CORNERS INNOVATIVE DESIGN & DEVELOPMENT GROUP, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1618
OVIEDO FL 32801

P.O. BOX 1618
OVIEDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/04/1993

3a. Date of Last Report
08/08/1994

4. FEI Number
59-3180735

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1618

P.O. Box 1618

City & State
OVIEDO FL

City & State
OVIEDO, FL

Zip
32765

Country
U.S.A

Zip
32765

Country
U.S.A.

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, WADE F JR.
250 NORTH ORANGE AVE.
11TH FLOOR
ORLANDO FL 32801**

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 date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

**CTD
WRIGHT, ERNEST W**

STREET ADDRESS
CITY - ST - ZIP

**1009 LEINHART CT.
OVIEDO FL**

1.1 TITLE
1.2 NAME

1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

**PST
DONOVAN, CHARLES**

STREET ADDRESS
CITY - ST - ZIP

**4509 CLARKSDALE CT.
ORLANDO FL**

2.1 TITLE
2.2 NAME

2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

**VD
GODIN, ADELARD**

STREET ADDRESS
CITY - ST - ZIP

**7312 GOLDENPOINT BLVD., APT. 205
ORLANDO FL**

3.1 TITLE
3.2 NAME

3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

**VD
GODIN, ADELARD
205 BRITISH WOOD PK
NASHVILLE, TN 37212**

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME

4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME

5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME

6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Ernest W. Wright

ERNEST W. WRIGHT

4-29-95

407-365-3107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #