


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1012

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000041917 (4)**

1. Corporation Name

EMBLIDGE DESIGN GROUP, INC.

FILED

97 JUL 25 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**3000 IMMOKALEE ROAD
SUITE 5
NAPLES FL 33942
US**

**9853 NORTH TAMiami TRAIL
STE. 213
NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3000 IMMOKALEE ROAD

Suite, Apt. #, etc.

22 SUITE 5

City & State

23 NAPLES, FL

Zip

24 34110

Country

25 US

2a. Mailing Address

26 3000 IMMOKALEE ROAD

Suite, Apt. #, etc.

27 SUITE 5

City & State

28 NAPLES, FL

Zip

29 34110

Country

30 US

3. Date Incorporated or Qualified

06/15/1993

3a. Date of Last Report

01/30/1996

4. FEI Number

65-0424544

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**EMBLIDGE, THOMAS J
9853 NORTH TAMiami TRAIL
STE. 213
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name

EMBLIDGE, THOMAS J

82 Street Address (P.O. Box Number is Not Acceptable)

3000 IMMOKALEE ROAD

83

SUITE 5

84 City

NAPLES

FL

85 Zip Code

34110

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**0 EMBLIDGE, THOMAS J
28385 MEADOW LARK LANE
BONITA SPRINGS FL**

TITLE ☐ DELETE

**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**300002255343--9
-08/01/97--01094-015
****165.00 ****165.00**

**JB
7-21-97**

14. I do 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

[Signature] **7/22/97**

CR2E034 (4/97)

2012



EMBLIDGE DESIGN GROUP, INC.

July 22, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern,

We just received the second notice on filing our "1997 Profit Corporation Annual Report". We never received the original notice in January.

After reviewing the report, I realized you have the wrong mailing address on file for us. The mailing address you have for us is our old office from over 2 years ago. Upon realizing this, I called and was told to write a letter explaining the situation and include it with our normal payment of \$165.00 and our corrected report, and the late fee would be waived.

I appreciate your cooperation and understanding. Please call me with any questions.

Respectfully,

Loretta Severino
Loretta Severino,
Production Manager

enc

ART DIRECTION

COMPUTER DESIGN

COMPUTER ILLUSTRATION

RENDERINGS

CORPORATE IDENTITY

GRAPHIC COMMUNICATIONS

BROCHURES

SIGNAGE/DISPLAY

PACKAGING

*burnin' the
midnight oil*



3000 IMMOKALEE ROAD
SUITE 5
NAPLES, FLORIDA 33942
(941) 597-2526
FAX (941) 591-3279