SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P93000088734 (7) FIRST STREET DESIGNS, INC. Principal Place of Business Mailing Address P O BOX 847 P O BOX 847 LAKE CITY FL 32056-0847 LAKE CITY FL 32056-0847 3. Date Incorporated or Qualified 3a. Date of Last Report 12/28/1993 05/01/1995 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number 21 2630-B NW 415T STREET 26 Applied For 59-3215865 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing GAINESYILLE \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under sides of 199 032 32606 24 29 30 Florida Statutes Yes 🔀 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WOODS, DONALD M JR Name 1386 S. FIRST STREET Street Address (P.O. Box Number is Not Acceptable)
2630-B NW 4IST STREET LAKE CITY FL 32025 83 84 Zip Code 32606 85 GAINESVILLE 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. Law farming with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DONALD M. WOODS, JP. Paes J 12.4. arms of regreed agent and the if applicable (NOTE Registered Agent signature required when 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/5) Tife DELETE 1.1 THILE Change Addition WOODS, DONALD M JR NAME 1.2 NAME STREET ADDRESS 1386 S. First Streft CR2E034 1.3 STREET ADDRESS P.O. BOX 847 CITY-ST-ZIF LAKE CITY FL 14 CITY - ST - ZIP LAKE CITY, FL 32056 TITLE DELETE 2.1 TULE Change Addition 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP TITLE DELFTE 4.1 THILE \_\_\_ Change \_\_\_ Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELFTE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 CITY-ST ZIF I do hereby certify that the informat further certify that the informat rmation supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 of Licated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if the first director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and 17 of Licated Properties on an attachment with an address.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-96 352-375-0444

that hy name appears in Bloc

SIGNATURE: