

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90028 017 ***150.00

DOCUMENT # P94000008017

1. Corporation Name

DESIGNER PROPERTIES OF HIGHLANDS COUNTY, INC.



Principal Place of Business

2311 N W LAKEVIEW DR
SEBRING FL 33870
US

Mailing Address

P.O. BOX 4052
SEBRING FL 33870
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1994

4. FEI Number

65-0469825

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 the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JAMES F. MCCOLLUM, P.A.
129 S. COMMERCE AVE.
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name

Stephen E. Libby II

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

228 N. 6th Avenue

83

84 City

Wauchula

FL

85 Zip Code

33873

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

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

D
NAME LIBBY, STEPHEN E II
STREET ADDRESS 131 S. COMMERCE AVE.
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ DELETE

D
NAME LIBBY, JODIE CHRISTIN
STREET ADDRESS 131 S. COMMERCE AVE.
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

PST
NAME Libby, Stephen E., II
STREET ADDRESS P.O. Box 1355
CITY-ST-ZIP Leicester NC 28748

2.1 TITLE ☒ Change ☐ Addition

NAME Libby, Jodie Christin
STREET ADDRESS P.O. Box 1355
CITY-ST-ZIP Leicester NC 28748

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-99

1286839886

CR2E034 (1/98)