

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000012264 (5)

Corporation Name
TOM DESIGNS BY D'ONI, INC.

Place of Business
17TH RIDGEWOOD DR.
FL 33870

Mailing Address
810 NORTH RIDGEWOOD DR.
SEBRING FL 33870-7217
US

Capital Place of Business

2a. Mailing Address

City, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 Sebring, FLA.

Country

28 33872

Country

9. Name and Address of Current Registered Agent

D'ONOFRIO, DOROTHY L
5304 ERIE DRIVE
SEBRING FL 33872

3. Date Incorporated or Qualified

02/11/1994

3a. Date of Last Report

04/26/1996

4. FEI Number

59-3234877

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME D'ONOFRIO, GENNARO A JR. 2. ADDRESS 5304 ERIE DRIVE 3. CITY-STATE-ZIP SEBRING FL 33872	<input type="checkbox"/>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	<input type="checkbox"/>
4. NAME D'ONOFRIO, DOROTHY L 5. ADDRESS 5304 ERIE DRIVE 6. CITY-STATE-ZIP SEBRING FL 33872	<input type="checkbox"/>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	<input type="checkbox"/>
7. NAME 8. ADDRESS 9. CITY-STATE-ZIP	<input type="checkbox"/>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	<input type="checkbox"/>
10. NAME 11. ADDRESS 12. CITY-STATE-ZIP	<input type="checkbox"/>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	<input type="checkbox"/>
13. NAME 14. ADDRESS 15. CITY-STATE-ZIP	<input type="checkbox"/>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	<input type="checkbox"/>
16. NAME 17. ADDRESS 18. CITY-STATE-ZIP	<input type="checkbox"/>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	<input type="checkbox"/>

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 included 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: *Dorothy L. D'Onofrio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-97 941-385-3859
Date Daytime Phone #

FILED
Apr 23 1997 8:00am
Secretary of State



CR2E034 (9/96)