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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANN	Secretary of State 1996 DIVISION OF CORPORATIONS						
DOCU 1. Corporatio	MENT # P9400	00019706 (8)				
1	OKIES BY DESIGN, INC.				1.24111001 HE 1811 A1111 A011 A		1 1. 244 2.2 44 2. 44 4.2 44
Principal Place of Business Mailing Address					s in diction is in in it in it dibit dibits in	isto dator adriki dikid ibilo	LAUN ANNLA BILL SAUL
600 E ALT SPACE 7	TAMONTE DR	600 E ALTAMONTE SPACE 7	DR				
ALTAMON	ITE SPRINGS FL 32701	ALTAMONTE SPRIN	GS FL 327	01			
					 Date Incorporated or Qualified 03/09/1994 	3a. Date of Last 03/10/	
2. Principa! Pi 21	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-3241108		Not Applicable
22]		27		5. Certificate of Status Desired		5 Additional Required	
City & State		City & State		6. Election Campaign Financing	□ \$5.0	00 May Be	
Zipi	Country	Zip	Co	untry	Trust Fund Contribution 8. This corporation has liability for in	Add	ed to Fees
24	25	29	30		Florida Statutes	□No	199.032,
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New R	egistered Agent	
BAKE	R, FREDERICK W						
	ALTAMONTE DR			82 Street Add	iress (P.O. Box Number is Not Acceptabl	e)	
SPACE	E 7			83			
ALTAN	MONTE SPRINGS FL 32701			84 City			
				above named corporation submits this statement for the purpose of changing its registered office			•
familiar wit	ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	ia. Ouch change was authorz	ea ov me	corporation's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its intment as registere	registered office d agent. I am
SIGNATURE _	Signature, types or printed on ne of rogistered agent	and title if appricable (NC	TE: Registere	Agent signature require	ed when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12
TITLE NAME	BAKER, SUZANNE K	☐ DELETE	1 1 1			☐ Change	ORS IN 12 Addition
STREET ADDRESS	600 E ALTAMONTE DR		1.2 N				l:
CITY ST-Z-P	ALTAMONTE SPRINGS FL			TREET ADDRESS			
TillE	VP	☐ DELETE	2 1 1			[] Change	Addition
NAM!	BAKER, FREDERICK W		22 N	AME			
STREET ADDRESS	600 E ALTAMONTE DRIVE		23 S	TREET ADDRESS			
City+St-ZiP Title	ALTAMONTE SPRINGS FL	רובר ביוני. - ביוניים		TY-ST-ZIP			
NAME		☐ DELETE	3 1 T 3.2 N			☐ Change	Addition
STHEET ADDRESS			1	TREET ADDRESS			•
CHY ST-ZiP				TY-ST-ZIP			
3.11.1		DELETE	4 1 7			☐ Change	Addition
NAM:			4 2 N	AME .			
STREET ADDRESS				REET ADDRESS			
CHTY-ST-ZIP Titl: F		DELETE		TY-ST-ZIP		D Observe	FT Address
NAME			5 1 T 5.2 N/	4		☐ Change	☐ Addition
STREET ADDRESS				REET ADDRESS			
CITY - S1 - 7IP				TY-ST-ZIP			
THLE		DELETE	6. 1 T	TLE		☐ Change	☐ Addition
NAME			6 2 N	l l			
STREET ADDRESS			6351	HEET ADDRESS			

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)(k), 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 cath; 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 15 if changed, or on an attachment with an address.

6 4 CITY-ST-ZIP

63 STREET ADDRESS

SIGNATURE:

CHY-ST ZIP