

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Norton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086873 (4)

1. Corporation Name

DESIGN DELIVERY, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

11/28/1994

4. FBI Number Applied For
65-0571363 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

GALLER, TODD S
11935 TAMiami TRAIL
NAPLES FL 33963

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. Zip Code

FL

85. Zip Code

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 below of registered agent and, if not applicable, of the corporation)

(If the Registered Agent's signature is required, attach signature)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

D
GALLER, TODD S
11935 TAMiami TRAIL
NAPLES FL 33963

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

D
GALLER, GARY S
11935 TAMiami TRAIL
NAPLES FL 33963

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

D
GALLER, GREG D
11935 TAMiami TRAIL
NAPLES FL 33963

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

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4. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(4)(b), Florida Statutes. I further certify that the information contained in 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 appointed to manage this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or in an affidavit filed with an affidavit.

SIGNATURE:

(Signature typed or printed below of signing officer or director)