FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087584 (6)**

1. Corporation Name
FLORIDA DESIGN PARTNERSHIP, INC.

Principal Place of Business	Mailing Address
3011 AQUILLA ST. TAMPA FL 33629	3011 AQUILLA ST. TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 3300 HENDERSON BLVD
22 Suite, Apt. #, etc.: #106
23 City & State: TAMPA, FL.
24 Zip: 33609 25 County: USA

2a. Mailing Address
26: 3300 HENDERSON BLVD.
27 Suite, Apt. #, etc.: #106
28 City & State: TAMPA, FL
29 Zip: 33609 30 County: USA

4. FEI Number: 59-3281915 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONNER, JEFFREY A
3011 AQUILLA ST.
TAMPA, FL 33629

10. Name and Address of New Registered Agent

81 Name: JEFFREY A. CONNER
82 Street Address (P.O. Box Number is Not Acceptable): 3300 HENDERSON BLVD, #106
83
84 City: TAMPA FL 85 Zip Code: 33609

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: JEFFREY A. CONNER, President — DATE: 7-17-95
Signature, if filed, or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		1.2 NAME	DANIEL A. SUMMERS	
STREET ADDRESS		1.3 STREET ADDRESS	335 FIFTH STREET NORTH	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NAPLES, FL 33940	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 added in an attached letter with an address.

SIGNATURE: 7-17-95 813 876 3300
SIGNATURE AND TYPE OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000884 CP