

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90167 045 ***150.00

DOCUMENT # P95000052532

1. Corporation Name
DOROTHY HAWKINS DESIGN, INC.



Principal Place of Business
424 HARBOR DRIVE, N
INDIAN ROCKS BEACH FL 34635
US

Mailing Address
424 HARBOR DRIVE, NORTH
INDIAN ROCKS BEACH, FL 34635
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1995

4. FEI Number
65-0592351

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

2. Principal Place of Business

2a. Mailing Address

21 424 Harbor Dr N,
Suite, Apt. #, etc.

26 Same
Suite, Apt. #, etc.

22 Indian Rocks Beach, Fla
City & State

27
City & State

23 Zip 33785 County Pinellas

28 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWKINS, DOROTHY
424 HARBOR DR N.
INDIAN ROCKS BEACH FL 33468 33785

81 Name Dorothy Hawkins
82 Street Address (P.O. Box Number is Not Acceptable)
Same as above
83
84 City 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 name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME HAWKINS, DOROTHY P
STREET ADDRESS 424 HARBOR DRIVE, NORTH
CITY-ST-ZIP INDIAN ROCKS BEACH FL 34638 33785

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE Dorothy Hawkins Design
NAME
STREET ADDRESS Same as above
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 119.073(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 in an attachment with an address with a holder like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

727-593-2583

Date

Daytime Phone #

CR2E034 (11/98)

0423675