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PRCFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000060549 (9)

Corporation Name	
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THEODON DESIGNS, INC. Mai'ing Address Principal Place of Business 2209 W. DOLPHIN DRIVE 2209 W. DOLPHIN DRIVE CITRUS SPRINGS FL 34434 CITRUS SPRINGS FL 34434 3a. Date of Last Report 3. Date Incorporated or Qualified 08/04/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 65-0590773 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s 199.032, Country Z.p Country Ζip Yes XNo Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 Street Address (P.O. Box Number is Not Acceptable) TITUS, CLAIRE A 82 NO. 4 NE THIRD STREET 83 CRYSTAL RIVER FL 34429 84 85 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Styria ure, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition □ DELETE 1 1 TITLE TITLE PTD LAPORTE, THEODORE P 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 2209 W. DOLPHIN DRIVE CITRUS SPRINGS FL 34434 1.4 CITY - ST - ZIP CITY-ST-ZIP VS D Change Addition DELETE 2 1 TITLE TITLE VSD DOMINICE EINIG 22 NAME LINDHOLM, DONALD W NAME 43 GERMAINE PLACE 23 STREET ADDRESS 12 REIGEL OAKS LANE STHEET ADDRESS SCHAUMBURG II 60173 24 CITY - ST - ZIP HOMEWOOD IL 60430 CITY-ST-ZIP ☐ Change Addition DELETE 3 1 TITLE TITLE 32 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 DITY-ST-ZIP CRY-ST-ZIP Change Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CHY-ST-ZIP ☐ Addition DELETE Change 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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)(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 13 if changed, or on an attachment with an address. Theodore P. LA Porte

CR2E034 (12/95)