

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000008942

1. Corporation Name

GREGGORY THOMAS DESIGNS, INC.

Principal Place of Business

Mailing Address

241 - 1st Street S.W.
Naples, FL. 34117

3. Date Incorporated or Qualified

3a. Date of Last Report

1-25-96

4. FEI Number

65-0652112

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 241 - 1st St SW

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23 Naples, FL.

28

Zip

Country

29 Zip

Country

24 34117

25 Collier

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Thomas G. Schmotzer

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

241-1st St S.W.

83

84 City

Naples

FL

85 Zip Code

34117

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

Thomas G. Schmotzer

(NOTE: Registered Agent signature required when reinstating)

5-12-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME Thomas G. Schmotzer

STREET ADDRESS 241-1st ST SW

CITY-STATE-ZIP Naples, FL. 34117

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

Vice-President

☐ Change

☒ Addition

1.2 NAME

Michelle Schmotzer

1.3 STREET ADDRESS

241-1st ST SW

1.4 CITY-STATE-ZIP

Naples, FL. 34117

2.1 TITLE

President

☐ Change

☒ Addition

2.2 NAME

Thomas G. Schmotzer

2.3 STREET ADDRESS

241-1st ST SW

2.4 CITY-STATE-ZIP

Naples, FL. 34117

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

100002197241

-06/02/97--01017--029

***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information created 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 on an attachment with an address.

SIGNATURE:

Thomas G. Schmotzer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-97

Date

941 455 7749

Daytime Phone

CR2E034 (9/96)