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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000060920 (1)**

1. Corporation Name
DESIGNED WAREHOUSING AND DELIVERY, INC.

Principal Place of Business	Mailing Address
5857-C SHIRLEY STREET NAPLES FL 34109	5857-C SHIRLEY STREET NAPLES FL 34109-1815

3. Date Incorporated or Qualified: 07/19/1996
3a. Date of Last Report:

2. Principal Place of Business (21): Same as above
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26): Same as above
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 65-0691329 — 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

JONES, CRAIG
~~5065 SAND DOLLAR LANE~~ 981 8th Terrace N.
~~NAPLES FL 33940~~ Naples, FL 34102

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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: Craig R. Jones - Craig R. Jones - President — 3/4/97
(Must be typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: PSVT	☐ DELETE	11 TITLE: Pres./Sec'y./Treas.	☒ Change	☐ Addition
NAME: JONES, CRAIG		12 NAME: Craig R. Jones		
STREET ADDRESS: 5065 SAND DOLLAR LANE		13 STREET ADDRESS: 981 8th Terrace N.		
CITY-ST-ZIP: NAPLES FL 33940		14 CITY-ST-ZIP: Naples, FL 34102		
TITLE:	☐ DELETE	21 TITLE: Vice President	☐ Change	☒ Addition
NAME:		22 NAME: Lori A. Jones		
STREET ADDRESS:		23 STREET ADDRESS: 981 8th Terrace N.		
CITY-ST-ZIP:		24 CITY-ST-ZIP: Naples, FL 34102		
TITLE:	☐ DELETE	31 TITLE:	☐ Change	☐ Addition
NAME:		32 NAME:		
STREET ADDRESS:		33 STREET ADDRESS:		
CITY-ST-ZIP:		34 CITY-ST-ZIP:		
TITLE:	☐ DELETE	41 TITLE:	☐ Change	☐ Addition
NAME:		42 NAME:		
STREET ADDRESS:		43 STREET ADDRESS:		
CITY-ST-ZIP:		44 CITY-ST-ZIP:		
TITLE:	☐ DELETE	51 TITLE:	☐ Change	☐ Addition
NAME:		52 NAME:		
STREET ADDRESS:		53 STREET ADDRESS:		
CITY-ST-ZIP:		54 CITY-ST-ZIP:		
TITLE:	☐ DELETE	61 TITLE:	☐ Change	☐ Addition
NAME:		62 NAME:		
STREET ADDRESS:		63 STREET ADDRESS:		
CITY-ST-ZIP:		64 CITY-ST-ZIP:		

CR2E034 (9/96)

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 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 on an attachment with an address.

SIGNATURE: Craig R. Jones - Craig R. Jones — 3/4/97 — 941-592-9335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #