


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

FILED

FR Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE C. Andrew B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000079203			
1. Corporation Name Tom Pinson Designs Inc.			
Principal Place of Business 8383 S. TRAIL SARASOTA, FL 34238		Mailing Address Suite 107 8383 S. TRAIL SARASOTA, FL 34238	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 8383 S. Trail	26 SAME	9/24/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	
22 Suite 107	27 -	65-069-8698	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 SARASOTA, FL	28 -	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 34238	25 USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name THOMAS E PINSON JR	
		82 Street Address (P.O. Box Number is Not Acceptable) 8383 S. TRAIL #107	
		83 SARASOTA, FL 34238	
		84 City FL	
		85 Zip Code	

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that 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 607.05, Florida Statutes.	
SIGNATURE <i>Thomas Eugene Pinson Jr</i>	DATE 4-28-97

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
Mrs. Tom E. Pinson Jr. 8989 PRYLLIS QUO SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
Tom E. Pinson	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
Tom E. Pinson	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Thomas Eugene Pinson Jr</i>	DATE 4-28-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (9/96)