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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000048601 (3)

FIRST PLACE DESIGNS INC.

## FILED May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1995 CASTILLE DRIVE 1995 CASTILLE DRIVE PALM HARBOR FL 34683 PALM HARBOR FL 34683 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/30/1997 2a. Mailing Address 2. Principal Place of Business Applied For *59-34917*27 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCARTHY, JACQUELINE 1995 CASTILLE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34683 83 ₿4 City 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change \_\_\_ Addition TITLE 1.1 TITLE D MCCARTHY, JACQUALINE NAME 1.2 NAME STREET ADDRESS 1995 CASTILLE DRIVE 1.3 STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-7IP 14 City-St-7iP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZW 2. 4 CITY - ST - ZIP DELETE ☐ Addition Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY - ST - ZIP Addition DELETE 4.1 TITLE ☐ Change TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-4.4 CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET AD 5.3 STREET ADDRESS CITY-ST-5.4 CITY-ST-ZIP ■ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET A 6.3 STREET ADDRESS CITY-ST-6.4 CITY-\$1-ZIP

In the second state of 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 in 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 office. 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.

WALCONT HULL

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