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

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

1998

を開発する。 Pade 2017年では、1987年には、1987年には

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000049151 (8)

DESIGNERS' SOURCE OF PENSACOLA, INC. Principal Place of Business Mailing Address 3307 COUNTRY MEADOW LANE 3307 COUNTRY MEADOW LANE **PACE FL 32571** PACE FL 32571 3. Date Incorporated or Qualified 05/28/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3448 3**98** 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 29 25 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 TODD, CLAUDE S JR 3307 COUNTRY MEADOW LANE

## **FILED** Apr 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

| PACE FL 32571   | of other Address (1.0. Box Normber 15 Not Acceptable) |
|---|---|
|   | 83  |
|   | 84 City 85 Zip Code                                   |
|   | 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE   |   |
| 12. OFFICERS AND DIRECTORS  |   |
| TITLE D DELETE 1.1  | TITLE Change Addition                                 |
| NAME TODD, CLAUDE S JR  | NAME  |
|   | STREET ADDRESS  |
| CITY-ST-ZIP PACE FL 32571 1.4   | CITY-ST-ZIP   |
| TITLE DELETE 2.1  | TITLE Change Addition                                 |
| NAME 2.2  | NAME  |
| STREET ADDRESS 2.3  | STREET ADDRESS  |
| CITY-SY-ZIP 2.  | I CITY-ST-ZIP   |
| TITLE DELETE 3.1  | TITLE Change Addition                                 |
| NAME 32   | NAME  |
| STREET ADDRESS 33   | STREET ADDRESS  |
|   | . CITY-ST-ZIP   |
| TITLE DELETE 4.1  | TITLE Change Addition                                 |
| NAME 4.3  | NAME  |
| STREET ADDRESS 4.3  | STREET ADDRESS  |
|   | CITY-ST-ZIP   |
| TITLE DELETE 5.1  | TITLE Change Addition                                 |
| NAME 5.2  | NAME  |
| STREET ADDRESS 5.3  | STREET ADDRESS  |
|   | C(TY-ST-ZIP   |
|   | TITLE Change Addition                                 |
| NAME 6.2  | NAME  |
| STREET ADDRESS 6.3  | STREET ADDRESS  |
|   | CITY-ST-ZIP   |
| 14. Thereby 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 supplieriorital 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 corporative of 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, so an attachment with an address. |   |