

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

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90027 037 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000041255

1. Corporation Name

MADE BY DESIGN, INC.

Principal Place of Business

5315 HOLSTEIN ROAD  
APOPKA FL 32712

Mailing Address

~~700 BRENT CROSS ROAD~~  
WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number  
65-0830825

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 710 QUEENSBURY LOOP

28 City & State

WINTER GARDEN, FL.

29 Zip

34787

30 Country

USA

9. Name and Address of Current Registered Agent

DAVIS, MARY PAUL

~~5315 HOLSTEIN ROAD~~  
~~APOPKA FL 32712~~

10. Name and Address of New Registered Agent

81 Name

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

710 QUEENSBURY LOOP

83

84 City WINTER GARDEN

FL

85 Zip Code 34787

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

Mary Paul Davis, Director

MARY PAUL DAVIS, Director

3/30/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DAVIS, MARY PAUL  
STREET ADDRESS ~~5315 HOLSTEIN ROAD~~  
CITY-ST-ZIP APOPKA FL 32712

TITLE D  
NAME LILLY, DOUGLAS M  
STREET ADDRESS 1307 OLYMPIA PARK CIRCLE  
CITY-ST-ZIP OCOEE FL 34761

TITLE D  
NAME BURKHOLDER, WILLIAM  
STREET ADDRESS 5315 HOLSTEIN ROAD  
CITY-ST-ZIP APOPKA FL 32712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 710 QUEENSBURY LOOP  
1.4 CITY-ST-ZIP WINTER GARDEN, FL 34787

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Mary Paul Davis, Director

3/30/99

407-654-6682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)