

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY -1 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Narcissa B. Nathanson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S48083** (7)

1. Corporation Name  
**AZINGER DESIGN CO., INC.**

Principal Place of Business: **5455 FRUITVILLE RD. SARASOTA FL 34232 US**

Mailing Address: **5455 FRUITVILLE ROAD SARASOTA FL 34232**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. State, Apt. #, etc. **27**

23. City & State **28**

24. Zip **25** Country **29**

3. Date Incorporated (or Qualified) **04/25/1991**

3a. Date of Last Report **04/14/1994**

4. FEI Number **65-0259765** 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 § 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**AZINGER, RALPH S.  
5455 FRUITVILLE RD  
SARASOTA FL 34232**

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 607.0602 and 607.1508, Florida Statutes, this 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 approve the appointment of, Section 607.0603, Florida Statutes.

SIGNATURE: *Ralph S. Azinger* (Signature of Current Registered Agent) *Ralph S. Azinger* (Signature of New Registered Agent) **4-28-95** (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>PSDT</b>
NAME	<b>AZINGER, R. JEDSON</b>
STREET ADDRESS	<b>2742 MAN OF WAR CIR</b>
CITY, ST, ZIP	<b>SARASOTA FL</b>
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and done not fraudulently for the corporation stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information submitted 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 in person. 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 (changed), or on an attachment with an address.

SIGNATURE: *Ralph S. Azinger* (Signature of Signing Officer or Director) **4-28-95** (Date) **813.378.9677** (Telephone)