CR2E034 (11/98)

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90076 037 ***150.00

DOCUMENT # \$94927 1. Corporation Name PV DESIGN, INC. Principal Place of Business Mailing Address 13856 W. COLONIAL DR. 13856 W. COLONIAL DR. WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 11/18/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3096544 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible □No 25 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PEAVEY, DELBERT F 82 Street Address (P.O. Box Number is Not Acceptable) 13856 W COLONIAL DR WINTER GARDEN FL 34787 83 Zip Code 84 City 85 FL 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. X Change Addition TITLE DELETE 1.1 MILE Derrick S. Peavey PEAVEY, DERRICK \$ 1.2 NAME NAME 544 S. Lakeview 15840 - 169 S.R. 50 STREET ADDRESS 1.3 STREET ADDRESS Winter Garden, Fla. 34787 CLERMONT FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP ☐ Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 REQUIRED